

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059987

1. Entity Name

BEST QUALITY DISCOUNT WAREHOUSE, INC. NEW AND US

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90164 034 ***150.00

Principal Place of Business

925 N.W. 126TH STREET
NORTH MIAMI FL 33168

Mailing Address

925 N.W. 126TH STREET
NORTH MIAMI FL 33168

2. Principal Place of Business

3. Mailing Address

19426 BREEZEDAILE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

GERMANTOWN

City & State

City & State

MARYLAND

Zip

Country

Zip

Country

20876

U.S

4. FEI Number

65-1214192

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOGARTH, MAX JOURNEL
925 N.W. 126TH STREET
NORTH MIAMI FL 33168

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HOGARTH, MAX JOURNEL	
STREET ADDRESS	925 N.W. 126TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33168	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BOND, HOPE	
STREET ADDRESS	925 N.W. 126TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33168	
TITLE	S	<input type="checkbox"/> Delete
NAME	MEDINA, ELIANA H	
STREET ADDRESS	925 N.W. 126TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33168	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAURENT, RONALD	
STREET ADDRESS	925 N.W. 126TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGARTH, MAX JOURNEL	
STREET ADDRESS	19426 BREEZEDAILE LANE	
CITY-ST-ZIP	GERMANTOWN, MD 20876	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDINA, ELIANA H	
STREET ADDRESS	94-39, 224th Street	
CITY-ST-ZIP	QUEENS VILLAGE, New York	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee and have the authority to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/01

Date

240-8763108

Daytime Phone #

CR2E034 (10/00)

0211297