

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90110 044 ***150.00

UBR/UBR AI

DOCUMENT # P00000059987

1. Entity Name

BEST QUALITY DISCOUNT CENTER, INC.

Principal Place of Business

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

Mailing Address

**19426 BREEZEDALE LANE
 GERMANTOWN MD 20876**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9612 N.E. 2nd AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI SHORES FLORIDA

City & State

Zip

Country

33138

DADE

Zip

Country

4. FEI Number

52-2316743

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

ROSE MARGUERITE JABOUIN

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

1121 N.E. 202nd Street

MIAMI

City

FL

Zip Code

33179

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

ROSE MARGUERITE JABOUIN

(NOTE: Registered Agent signature required when reinstating)

4/15/02

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, 2002 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** ☐ Delete
 NAME **HOGARTH, MAX JOURNAL**
 STREET ADDRESS **19426 BREEZEDALE LANE**
 CITY-ST-ZIP **GERMANTOWN MD 20876**

TITLE **D** ☐ Delete
 NAME **MEDINA, ELIANA H**
 STREET ADDRESS **94-39 224TH STREET**
 CITY-ST-ZIP **QUEENS VILLAGE NY**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 empowered 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/02 (240) 876-3108

CR2E034 (9/01)