

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91053 015 \*\*\*150.00

**DOCUMENT # P00000059987**

1. Entity Name  
**BEST QUALITY DISCOUNT CENTER, INC.**



Principal Place of Business  
**9612 NE 2ND AVE  
NORTH MIAMI FL 33168**

Mailing Address  
**19426 BREEZEDALE LANE  
GERMANTOWN MD 20876**

2. Principal Place of Business  
**9612 NE 2nd AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**6475 New Hampshire**  
Suite, Apt. #, etc.  
**Ave Suite 200 F**

City & State  
**NORTH MIAMI FL**  
Zip  
**33138**  
Country  
**USA**

City & State  
**Hyattsville MARYLAND**  
Zip  
**20783**  
Country  
**USA**

4. FEI Number **52-2316743**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JABOVIN, ROSE M  
1121 NE 202 ST  
NORTH MIAMI FL 33168**

7. Name and Address of New Registered Agent

Name **JABOVIN, ROSE M**  
Street Address (P.O. Box Number is Not Acceptable)  
**1121 NE 202 Street**  
City **NORTH MIAMI FL** Zip Code **33168**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. 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

11. 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

12. 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 10 or Block 11 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

**President**

**4/9/03**

Date

Daytime Phone #

CR2E034 (10/02)