

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90179 009 ***150.00

DOCUMENT # P02000005323

1. Entity Name
QUALITY STYLE GROUP, INC.



Principal Place of Business
**C/O ROTH, ROUSSO & DARRACH, P.A.
3440 HOLLYWOOD BLVD., SUITE 360
HOLLYWOOD, FL 33021**

Mailing Address
**C/O ROTH, ROUSSO & DARRACH, P.A.
3440 HOLLYWOOD BLVD., SUITE 360
HOLLYWOOD, FL 33021**

2. Principal Place of Business
9005 NE 8th Ave
Suite, Apt. #, etc.

3. Mailing Address
9005 NE 8th Ave
Suite, Apt. #, etc. **#12**

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number
02-0536182

Applied For
☐ Not Applicable

Zip Country
33138 U.S.A.

Zip Country
33138 U.S.A.

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROUSSO, MARK E ESQ.
C/O ROTH, ROUSSO & DARRACH, P.A.
3440 HOLLYWOOD BLVD., SUITE 360
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name **DANIEL SAUER**

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

2035 NE 163rd Street

City **North Miami Beach**

FL Zip Code **33162**

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]
Signature, typed or printed name of Registered Agent and Title (if applicable)

(NOTE: Registered Agent Signature required when substituting)

04/14/03

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
NAME **TONANTE, HECTOR O**
STREET ADDRESS **3440 HOLLYWOOD BLVD., SUITE 360.**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **DVS** ☐ Delete
NAME **FERA, NESTOR R**
STREET ADDRESS **3440 HOLLYWOOD BLVD., SUITE 360.**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

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 **DP** ☒ Change ☐ Addition
NAME **HECTOR OMAR TONANTE**
STREET ADDRESS **2260 W 80 Street #2**
CITY-ST-ZIP **MIAMI, FL 33016**

TITLE **VP/S** ☒ Change ☒ Addition
NAME **DANIEL SAUER**
STREET ADDRESS **2035 NE 163 Street**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33162**

TITLE **T/D** ☒ Change ☐ Addition
NAME **NESTOR R. FERA**
STREET ADDRESS **2260 W 80 Street #2**
CITY-ST-ZIP **MIAMI, FL 33016**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NESTOR R. FERA **04/14/03**

Date

Daytime Phone #

386-355.1390

CFR2034 (10/02)