

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000042004

FILED
May 06, 2003
Secretary of State

Entity Name: FLORIDA QUALITY ENTERPRISES, INC.

Current Principal Place of Business:

3120 NW 16TH TERRACE
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

3120 NW 16TH TERRACE
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 65-0593481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAK, TOLGA
3120 NW 16TH TERRACE
POMPANO BEACH, FL 33064

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADAK, TOLGA
Address: 3120 NW 16TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33064

Title: VST () Delete
Name: KOLUK, MAHMUT
Address: % 3120 NW 16TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VST (X) Change () Addition
Name: KOLUK, MAHMUT
Address: 3120 NW 16TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOLGA ADAK

MR

05/06/2003

_____ Electronic Signature of Signing Officer or Director

_____ Date