

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087042

1. Entity Name

J.G. QUALITY TRANSPORT SERVICES, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90076 041 ***150.00

Principal Place of Business

9949 NORTHWEST 89 AVENUE
 BAYS 17 AND 18
 MEDLEY FL 33178

Mailing Address

9949 NORTHWEST 89 AVENUE
 BAYS 17 AND 18
 MEDLEY FL 33178-1465

2. Principal Place of Business

9949 NW 89 AV

3. Mailing Address

9949 NW 89 AV

Suite, Apt. #, etc.

BAY # 19

Suite, Apt. #, etc.

BAY # 19

City & State

MEDLEY FL.

City & State

MEDLEY FL

Zip

33178

Country

U.S.A.

Zip

33178

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0661218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAREZ, FERNANDO

9949 NORTHWEST 89 AVENUE
 BAYS 17 AND 18
 MEDLEY FL 33178

Name

FERNANDO LAREZ

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

13011 NW 1st St #101

Pembroke Pines

FL

Zip Code
 33028

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

P
 LAREZ, FERNANDO R
 9949 NORTHWEST 89 AVE. BAYS 17 & 18
 MEDLEY FL 33178

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

D
 LAREZ, ANA A
 9949 NORTHWEST 89 AVE. BAYS 17 & 18
 MEDLEY FL 33178

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

D
 LAREZ, FERNANDO M
 9949 NORTHWEST 89 AVE. BAYS 17 & 18
 MEDLEY FL 33178

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME
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 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

04/04/00 305-863 0244
 Date Daytime Phone #

CR2E034 (9/99)