

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004377

1. Entity Name

QUARTERMASTER SUPPLIES OF VENEZUELA CORP.

Principal Place of Business

9949 N.W. 89TH AVE., BAY #9
MIAMI FL 33178

Mailing Address

9949 N.W. 89TH AVE., BAY #9
MIAMI FL 33178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0640324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

E & V GRANT PROFESSIONAL, INC.
5545 SW 8 ST
SUITE 207
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name

RICARDO OLAVARRIETA

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

9949 N.W. 89TH AV. BAY #9



City

MEDLEY

FL

Zip Code

33178

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 fee applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/26/01

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, 2001 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	STD	<input type="checkbox"/> Delete
NAME	OLAVARRIETA, RICARDO	
STREET ADDRESS	9949 N.W. 89TH AVE., BAY #2	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	PVD	<input checked="" type="checkbox"/> Delete
NAME	PEDREANEZ, EVELIO A	
STREET ADDRESS	9949 N.W. 89TH AVE., BAY #2	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLAVARRIETA, RICARDO	
STREET ADDRESS	9949 N.W. 89TH AV. BAY #9	
CITY-ST-ZIP	MEDLEY FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/01

Date

786-213 4235

Daytime Phone #

CR2E034 (10/00)

0225484

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90036 024 ***150.00



DO NOT WRITE IN THIS SPACE