

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90352 014 ***150.00

2002 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

9949 NW 89th AVE
Bay # 8

3. Mailing Address

9949 NW 89th AVE
Bay # 8

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Medley, FL

City & State

Medley, FL

Zip

33178

Country

USA

Zip

33178

Country

USA

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

OLAVARRIETA, RICARDO

9949 NW 89TH AVENUE, BAY #9
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name

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

9949 NW 89th AVE Bay # 8

City

Medley, FL

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 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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
P	OLAVARRIETA, RICARDO	9949 N.W. 89TH AVE., BAY #2	MIAMI FL 33178	
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 667, 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: Ricardo Olavarrieta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/02 (305) 542-6618

Date

Daytime Phone #

CR2E034 (9/01)