

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-18-2003 90454 017 ***150.00

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

Suite, Apt. #, etc.

BAY #8

City & State
Medley, FL

Zip
33178

Country
USA

3. Mailing Address

9949 NW 89th AVE

Suite, Apt. #, etc.

BAY #8

City & State
Medley, FL

Zip
33178

Country
USA

☐ CHECK HERE IF MAKING CHANGES

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
Olavarrieta, Ricardo

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

9949 NW 89th AVE, BAY #8

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
OLAVARRIETA, DALIA
10800 S.W. 52ND STREET
MIAMI FL 33178** ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Olavarrieta, Ricardo 04/16/03 786-423-9052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)