

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027169

1. Entity Name

PRICE QUALITY ENTERPRISES, INC.

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

09-12-2000 90144 018 ***550.00

A0076434



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2011 NE 163 RD STREET NORTH MIAMI BEACH FL 33162	Mailing Address 2011 NE 163 RD STREET NORTH MIAMI BEACH FL 33162
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2. Principal Place of Business 3115 N.E. 184th ST. Suite, Apt. #, etc. 4206 City & State AVENTURA FL. Zip 33160 Country U.S.A.	3. Mailing Address 3115 N.E. 184th ST. Suite, Apt. #, etc. 4206 City & State AVENTURA FL. Zip 33160 Country USA
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4. FEI Number 65-0739847	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MOGELL, EARL
 2011 NE 163 RD STREET
 NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name: EARL MOGELL
 Street Address (P.O. Box Number is Not Acceptable): 2750 N.E. 183 ST. # 2705
 City: AVENTURA FL Zip Code: 33160

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 _____ (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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOGELL, EARL 2011 NE 163 RD STREET NORTH MIAMI BEACH FL 33162 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MODELL, FREDERICK 9372 S CHELSEA DR S PLANTATION FL 33324 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MOGELL, EARL 2750 N.E. 183 ST. # 2705 AVENTURA, FL. 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P., SEC. TREASURER ASAYA G. DAVID 3115 N.E. 184 ST. # 4206 AVENTURA, FL. 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Earl Mogell 8/29/00 305-525-9073
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)