

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90336 044 ***150.00

DOCUMENT # P97000027169

1. Entity Name

PRICE QUALITY ENTERPRISES, INC.

Principal Place of Business

3115 NE 184TH STREET
4206
AVENTURA FL 33160

Mailing Address

3115 NE 184TH STREET
4206
AVENTURA FL 33160

2. Principal Place of Business

2618 NE 191 ST.

3. Mailing Address

2618 N.E. 191 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI, F

City & State

MIAMI, FL

City & State

MIAMI, FLA.

Zip

Country

33180 USA

Zip

Country

33180 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0739847

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

MOGELL, EARL

2750 NE 183RD STREET

#2705

AVENTURA FL 33160

Name

EARL MOGELL

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

2618 N.E. 191 ST.

MIAMI

City

MIAMI

FL

Zip Code

33180

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

Earl Mogell

EARL MOGELL

01/26/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOGELL, EARL 2011 NE 163 RD STREET NORTH MIAMI BEACH FL 33162	<input 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	S.T. DAVID ASAYAG 3115 NE 184 ST. AVENTURA, FL 33160	<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

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
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 EARL MOGELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/01 (305) 933-3303

CR2E034 (10/00)