2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P97000027169 DOCUMENT

PRICE QUALITY ENTERPRISES, INC.



1. Entity Name

Principal Place of Business Mailing Address 18506 NE 5TH AVE 90012762 18506 NE 5TH AVE MIAMI FL 33179 MIAMI FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. Zip Country Country .5. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOGELL. EARL Street Address (P.O. Box Number is Not Acceptable) 2618 NE 191ST STREET **MIAMI FL 33180** City Zip Code 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 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change MOGELL, EARL NAME NAME 2011 NE 163 RD STREET STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL 33162 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change

FILED Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90307 038 ***150.00

☐ CHECK HERE IF MAKING CH	IANGES
FEI Number 65-0739847	Applied For
0570739647	Not Applicable
Certificate of Status Desired \$8.75 Additional	

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

\$5.00 May Be Added to Fees

Addition ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP -FCITY-ST-ZiP⇔ ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 attach