


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000056696 1. Entity Name MB QUALITY CARS, INC.		
Principal Place of Business 4917 N UNIVERSITY DRIVE LAUDERHILL, FL 33351	Mailing Address 4917 N UNIVERSITY DRIVE LAUDERHILL, FL 33351	
DO NOT WRITE IN THIS SPACE		



04172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2741902	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent BILIA, MORDECHAI 4917 N UNIVERSITY DRIVE LAUDERHILL, FL 33351
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IN THIS SPACE**

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, 2005 Fee will be \$550.00

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	DP BILIA, MORDECHAI 4917 N UNIVERSITY DRIVE LAUDERHILL, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BILIA, DAVID 4917 N. UNIVERSITY DR. LAUDERDALE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BILIA, SARAH 4917 N. UNIVERSITY DR. LAUDERDALE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

Mordechai Bilia 4/18/2005