## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000025355 May 04, 2000 8:00 am 1. Entity Name Secretary of State QUALITY CLOSET R US INC. 05-04-2000 90166 005 \*\*\*150.00 Mailing Address Principal Place of Business 1501 WEST 41ST ST. 1501 WEST 41ST ST. #11A HIALEAH FL 33012-5816 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address 982<u>0 NW</u> 9820 NW 80 AVE. DO NOT WRITE IN THIS SPACE BAY **6-5** 4. FEI Number Applied For ialeah, Gardens, FL. 33016 Gardens <u>65-090 4598</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired Oad-e Fee Required 010 33016 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROJAS, ERNESTO A Street Address (P.O. Box Number is Not Acceptable) 1501 WEST 41ST ST. #11A HIALEAH FL 33012 Zip Code antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Addition | Pajares Pedro R 1355 West 53 st. Apt. #201 Change ☐ Delete TITLE Rojas, Ernesto A. 1501 West 41st. Apt. # 11A NAME NAME STREET ADDRESS STREET ADDRESS Hialeah, Fl. 33012 CITY-ST-ZIP JF1 33012 CITY-ST-7IP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP El-Change — \_\_\_\_Addition-TITLE-- Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

apatonesto ankojos (P)

04/23/2000

(305) 558-7701

Daytime Phone #