

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000038557**

1. Entity Name

QUALITY APPAREL GROUP INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90141 024 ***150.00

Principal Place of Business

Mailing Address

3

2. Principal Place of Business

3544 SW 180 WAY

3. Mailing Address

1699 CORAL WAY ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 510

City & State

MIRAMAR, FL 33

City & State

MIAMI, FLORIDA

4. FEI Number

65-0914123

Applied For

Not Applicable

Zip

33029

Country

Zip

33145

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

80038977

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VICTOR M. FUENTES
3544 SW 180 WAY
MIRAMAR, FL 33029

Name

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

City

FL

Zip Code

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

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, 2000 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

P
ORTEGA, SOFIA
3544 SW 180 WAY
MIRAMAR, FL 33029

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
FUENTES, VICTOR M.
3544 SW 180 WAY
MIRAMAR, FL 33029

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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: VICTOR M. FUENTES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00

Date

954 443-7945

Daytime Phone #

CR2E034 (9/99)