

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**  
 07-13-2000 90018 017 \*\*\*150.00

DOCUMENT # **P99000065265**  
 1. Entity Name:  
**QUALITY WHOLESALER USA, INC.**

Principal Place of Business Mailing Address  
**5614 PINNACLE HEIGHTS CIR # 306**  
**TAMPA, FL. 33624**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-3586764** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PASEK, MICHAEL D**  
**4851 85TH AVENUE**  
**PINELLAS PARK FL 33781**

7. Name and Address of New Registered Agent  
 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  DATE  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

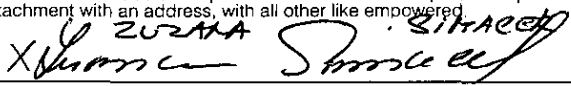
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS  

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SIMACEK, ZUZANA</b>	
STREET ADDRESS	<b>5614 PINNACLE HEIGHTS CIR. #306</b>	
CITY-ST-ZIP	<b>TAMPA, FL. 33624</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FLORA, OLDRICH</b>	
STREET ADDRESS	<b>5614 PINNACLE HEIGHTS CIR. #306</b>	
CITY-ST-ZIP	<b>TAMPA, FL. 33624</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ZDRAZIL, JIRI</b>	
STREET ADDRESS	<b>5614 PINNACLE HEIGHTS CIR. #306</b>	
CITY-ST-ZIP	<b>TAMPA, FL. 33624</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **July 6, 2000** (813) 889-7710  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

P-91000065265

A00607643

**QUALITY WHOLESALER USA INC.**  
**5614 Pinnacle Heights Cir., #306**  
**Tampa, FL 33624**

July 6, 2000

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302

Dear Sir or Madam:

We respectfully request that you accept our check in the amount of \$150.00 and the substitute Uniform Business Report prepared by our accountant.

We apologize for being late, but this is the first year that we are obligated to file the Uniform Business Report and we did not receive your form and we realized that Report had not been filed only after we talked to our accountant and he asked about it. Our address has not changed and the address in your records is correct, so we don't know why we never got it.

We respectfully request that you waive the \$400.00 late filing penalty, considering the above reasons. We are a small company with little activity and we cannot afford to pay \$550.00 annual fee for continuation of our corporate charter. If the penalty cannot be waved, please return our \$150.00 check, since we will have to decide about dissolution of the corporation.

Sincerely,



Zuzana Simacek  
President