2002 UNIFORM BUSINESS REPORT (UBR)

May 20, 2002 8:00 am § Secretary of State DOCUMENT # P99000065265 1. Entity Name 05-20-2002 90076 048 ***150 00 QUALITY WHOLESALER USA INC. Mailing Address Principal Place of Business 5614 PINNACLE HEIGHTS CIR. #300 5614-PININAGLE-HEIGHTS CIR. #306 TAMPA FL 32624 TAMPA FL 33624 2. Principal Place of Business 3. Mailing Address 5835 MEMORIAL HWY & SAME Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number TAMPA 59-3586764 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZUZAWA SIMACEK Street Address (P.O. Box Number is Not Acceptable) PASEK, MICHAEL D 10901 BRIGHTON BAY BLUD NE, #10309 PINELLAS PARK FL 33781 City ST, PETERSBURG 8. The above narried entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida CUZANA SIMACE K (NOTE: Registered Agent signature required when reinstating) SIGNATURE _ 9. This corporation is eligible to satisfy its intangible - 7 ---FILE NOW!!!-FEE IS \$150:00-10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS TITLE ☐ Addition ☐ Delete TITLE NAME 10901 BRIGHTON BAY BLVD NE, #10309 ST. PETERSOURG, FL 33716 Thange Addition NAME SIMACEK, ZUZANA STREET ADDRESS STREET ADDRES 5614 PINNACLE HEIGHTS CIR. #306 CITY-ST-ZIP TAMPA FL 33624 ☐ Delete TITLE TITLE NAME 10901 BRIGHTON BAY BLUDNE, *10309 PLEVA, OLDRYCH STREET ADDRESS 5614 PINNACLE HEIGHTS CIR. #306 STREET ADDRESS ST . PETERSBURG, FL 33716 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 93624 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE

13. I hereby certify that the information supplied with this filling 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 regeiver 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: 🗸

NAME

STREET ADDRESS

CITY-ST-ZIP

10 - Now 2 (12-1) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE 4/01/02 727-578-6053 Date Daytime Phone #

FILED