FAX NO.: 4073390659

FILED May 30, 2002 8:00 am Secretary of State

50.00

2000 UNIFORM BUSINESS REPORT (UBR)				Secretary of S	
	JMENT # V55382		er vä – f	05 50 200	,2 91390 010
1. Entity N Quality Po		and Shop	<u> </u>		
Principal Place of Business Mailing Address 499 State Road 434 North 499 State Road			434 North		
Altamonte Springs , FI 32714		Altamonte Springs , FI 32714			
2. Principal	i Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suito, Apr. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number Applied For	
Zip -	Country	Zip	Country	59-3135531 5. Certificate of Status Desired \$8.	Not Applicable
	6. Name and Address of Current	Registered Agent	<u> </u>	Fee	Required
PATEL, SA	·		Name	7. Name and Address of New Registered	Agent
2824 CORRINE DRIVE ORLANDO FL 32803			Street Address	Address (P.O. Box Number Is Not Acceptable)	
			Chi		
R. The phrate period antiheauth attacks			City	FL	Zîp Coda
SIGNATURE	a named addita stomite tule statement	for the purpose of changir	ng its registered office o	or registered agent, or both, in the State of Flori	da.
	Signature, typed or printed name of regis	tered agent and title if applicable	e. (NDTE: Registered	Agent signature required when reinstating)	Date
9. This corporation is eligible to satisfy its Intan-			DPEE 18 \$1 50:00	10. Election Campaign Financing	\$5.00
(See critor	filing requirement and elects to do so, (it on back)	D. A. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	ic fee will be \$550,00 ic to Department of S	Trust Fund Contribution 44	ry Be Added to Fees
11.	OFFICERS AND	DIRECTORS		DITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 11
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TTY-51-ZIP	ORLANDO FL 32803		CITY-ST-ZIP		97
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