## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

C/O LEON LOVE 1131 S.W. 73RD AVENUE

PLANTATION FL 33317-4127

## **DOCUMENT # 511020**

1. Entity Name

C/O LEON LOVE

Principal Place of Business

1131 S.W. 73RD AVENUE PLANTATION FL 33317

SIGNATURE:

QUICK TRUST CONSTRUCTION & REALTY CO., INC.

| 2. Principal F  | Place of Business                                     | 3. Mailing Address                           | 3. Mailing Address   |  |   |          |                               |  |
|---|---|--|--|--|---|----------|-------------------------------|--|
| Suite, Apt. #, etc. City & State                          |   | Suite, Apt. #, etc.  City & State            |  |  | DO NOT WRITE IN THIS SPACE                                      |          |                               |  |
|   |   |  |  | 4. F   | 59-1795917  | <u> </u> | oplied For                    |  |
| Zip   | Country   | Zip  | Country  | <b>5.</b> C  |   | 8.75 Add | ditional                      |  |
|   | 6. Name and Address of Current                        | Registered Agent                             | <del>                                      </del>                      | 7. Na  | ame and Address of New Registered Ag                            | jent     |                               |  |
| -   |   |  | Name   | Name   |   |          |                               |  |
| LOVE, PHYLLIS<br>1131 S.W. 73RD AVE.<br>PLANTION FL 33317 |   |  | Street Add   | Street Address (P.O. Box Number is Not Acceptable) |   |          |                               |  |
|   |   |  | City   | <del></del>  | FL  | Zip Coo  | le                            |  |
| 8. The above  | e named entity submits this statement fo              | or the purpose of changing in                | ts registered office or re   | gistered age                                       | nt, or both, in the State of Florida.                           |          | _                             |  |
| SIGNATURE   | Signature, typed or printed name of registered agent  | and title if controlled (NC                  | OTE: Registered Agent signature  | required when rein                                 | nstating) DATE  |          |                               |  |
|   | signature, typed of printed haria of registered agent |  |  |  |   |          |                               |  |
|   |   |  | V!!! FEE IS \$150.00<br>2000 Fee will be \$550<br>able to Department 0 | 0.00   | <b>10.</b> Election Campaign Financing Trust Fund Contribution. |          | <b>00</b> May Be<br>d to Fees |  |
| 11.   | OFFICERS AND  |  | 12.  | <b>I</b>   | OITIONS/CHANGES TO OFFICERS AND I                               | DIRECTOR | IS IN 11                      |  |
| TITLE   | D   | □ Delete                                     | TITLE  |  |   | ☐ Change | Addition                      |  |
| NAME  | LOVE, KAREN   |  | NAME   |  |   |          |                               |  |
| STREET ADDRESS  | 1131 S.W. 73 AVE.                                     |  | STREET ADDRESS   |  |   |          |                               |  |
| CITY-ST-ZIP   | PLANTATION FL   |  | CITY-ST-ZIP  |  |   |          |                               |  |
| TITLE   | P   | ☐ Delete                                     | TITLE  |  |   | ☐ Change | Addition                      |  |
| NAME  | LOVE, PHYLLIS   |  | NAME   |  |   |          |                               |  |
| STREET ADDRESS  | 1131 S.W. 73 AVE.                                     |  | STREET ADDRESS   |  | •   |          |                               |  |
| CITY-ST-ZIP   | PLANTATION FL   |  | CITY-ST-ZIP  |  |   |          |                               |  |
| TITLE   | D   | ☐ Delete                                     | TITLE  |  | I   | ☐ Change | ☐ Addition                    |  |
| NAME  | LOVE, LAUREN-LEIGH                                    |  | NAME   |  |   |          |                               |  |
| STREET ADDRESS  | 1131 S.W. 73 AVE.                                     |  | STREET ADDRESS   |  |   |          |                               |  |
| CITY-ST-ZIP   | PLANTATION FL   |  | CITY-ST-ZIP  |  |   |          |                               |  |
| TITLE   | VS  | ☐ Delete                                     | TITLE  |  |   | ☐ Change | ☐ Addition                    |  |
| NAME  | LOVE, MATTHEW   |  | NAME   |  |   |          |                               |  |
| STREET ADDRESS  | 1131 SW 73RD AVE                                      |  | STREET ADDRESS   |  |   |          |                               |  |
| CITY-ST-ZIP   | PLANTATION FL   | <u>.                                    </u> | CITY-ST-ZIP  |  |   |          |                               |  |
| TITLE   | , D   | ☐ Delete                                     | TITLE  |  |   | ☐ Change | Addition                      |  |
| NAME .  | LOVE, JUDY  |  | NAME   |  |   |          |                               |  |
| STREET ADDRESS  | 1131 SW 73RD AVE                                      |  | STREET ADDRESS   |  |   |          |                               |  |
| CITY-ST-ZIP   | PLANTATION FL   |  | CITY-ST-ZIP  |  |   |          |                               |  |
| TITLE   |   | Delete                                       | TITLE  |  |   | ☐ Change | Addition                      |  |
| NAME  | J   |  | NAME   |  |   |          |                               |  |
| STREET ADDRESS  | 1   |  | 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.

**FILED** 

May 01, 2000 8:00 am Secretary of State

954 79 21041

05-01-2000 90476 001 \*\*\*150.00