2001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 APR 19 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000000452

1. Entity Name

QUINDAD, LIMITED

Principal Place of Business	Mailing Address
9191 GARLAND ROAD, #427 DALLAS TX 75218	9191 GARLAND ROAD, #427 DALLAS TX 75218

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

DO NOT WRITE IN THIS SPACE

4. FEI Number APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCLAUGHLIN, DOROTHY-ANNE 8511 CEDAR COVE COURT ORLANDO FL 32819	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. Capital Contributions as Shown on record. $93,864.00

10. Amount of Capital Contributions in FLORIDA to date. 93,864.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 DUCHESNEAU, DONALD 9191 GARLAND ROAD, #427 DALLAS TX 75218	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 DUCHESNEAU, DOROTHY 9191 GARLAND ROAD, #427 DALLAS TX 75218	STREET ADDRESS CITY-ST-ZIP	800004133518--5 -05/03/01--01061--003 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Dorothy A. Duchesneau 3/26/01 214-321-1276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Dorothy A. Duchesneau — Date — Daytime Phone #

CR2E003 (11/00)

✓ FAXED TO IRS ON 3-26-01 Re-FAXED 4-9-01 w/changes

Form **SS-4**
(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
QUINDAD, LIMITED

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
C/O D.A. DUCHESNEAU

4a Mailing address (street address) (room, apt., or suite no.)
9191 GARLAND ROAD, UNIT 427

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
DALLAS, TX 75218

5b City, state, and ZIP code

6 County and state where principal business is located

7 Name of principal officer, general partner, grantor, owner, or trustor — SSN or ITIN may be required (see instructions) ▶
DONALD A DUCHESNEAU

8a Type of entity (Check only one box.) (see instructions)

Caution: *If applicant is a limited liability company, see the instructions for line 8a.*

- ☐ Sole proprietor (SSN) _____
- ☒ Partnership LLC
- ☐ Personal service corp.
- ☐ Plan administrator (SSN) _____
- ☐ REMIC
- ☐ National Guard
- ☐ Other corporation (specify) ▶ _____
- ☐ State/local government
- ☐ Farmers' cooperative
- ☐ Trust
- ☐ Church or church-controlled organization
- ☐ Federal government/military
- ☐ Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable) _____
- ☐ Other (specify) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country: N/A

9 Reason for applying (Check only one box.) (see instructions)

- ☐ Banking purpose (specify purpose) ▶ _____
- ☒ Started new business (specify type) ▶ REAL ESTATE INVESTMENT & MANAGEMENT
- ☐ Changed type of organization (specify new type) ▶ _____
- ☐ Purchased going business
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a trust (specify type) ▶ _____
- ☐ Created a pension plan (specify type) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
DEC 29, 2000

11 Closing month of accounting year (see instructions)
DEC

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶ N/A

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)* ▶

Nonagricultural	Agricultural	Household
N/A	N/A	N/A

14 Principal activity (see instructions) ▶ REAL ESTATE INVESTMENT & MANAGEMENT

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.
☐ Public (retail) ☐ Other (specify) ▶ ☐ Business (wholesale) ☒ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code): 305-284-9969

Name and title (Please type or print clearly.) ▶ DONALD A DUCHESNEAU, PRESIDENT

Fax telephone number (include area code): 305-284-9971

Signature ▶ D. A. Duchesneau Date ▶ MARCH 20, 2001

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying