

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

0019232  
AB

DOCUMENT # B98000000532

1. Entity Name

GRAN QUARTZ, L.P.

02 APR 30 PM 5:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2280 N.W. 30TH PLACE  
POMPANO BEACH FL 33069

Mailing Address

P.O. BOX 2206  
TUCKER GA 30085-2206



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

58-2368164

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCOPE, MARK

2280 N.W. 30TH PLACE

POMPANO BEACH FL 33069

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.

DATE

9. Capital Contributions  
as Shown on record.

\$150,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

9150,000

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 # F98000004817  
NAME GRAN QUARTZ TRADING, INC.  
STREET ADDRESS 4963 S. ROYAL ATLANTA DRIVE  
CITY-ST-ZIP TUCKER GA 30084

STREET ADDRESS

CITY-ST-ZIP

400005501444--9

DOCUMENT # GP9800000803  
NAME SCOTTDAL INVESTMENTS  
STREET ADDRESS 4963 S. ROYAL ATLANTA DRIVE  
CITY-ST-ZIP TUCKER GA 30084

STREET ADDRESS

CITY-ST-ZIP

-05/10/02--01001--028

\*\*\*\*535.00 \*\*\*\*535.00

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

CR2E003 (9/01)

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/02 770-621-5221  
Date Daytime Phone #