

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008127

1. Entity Name

QUIET WATERS 2, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 APR 24 AM 8:49

Principal Place of Business

1350 N.E. 56TH STREET  
SUITE 200  
FT. LAUDERDALE FL 33334

Mailing Address

1350 N.E. 56TH STREET  
SUITE 200  
FT. LAUDERDALE FL 33334

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1105964

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ABDO, JOHN E  
1350 N.E. 56TH STREET  
SUITE 200  
FT. LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

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 renewing)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

JOHNE ABDO, PRESIDENT  
ABDO COMPANIES, INC  
1350 NE 56 ST, STE 200  
FORT LAUDERDALE, FL 33334.

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100004961421

02/20/02--01021--021

\*\*\*350.00 \*\*\*50.00

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED JOHN E. ABDO

1/15/02 954/491-219

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)