

# 2002 UNIFORM BUSINESS REPORT (UBR)

0008800

**DOCUMENT # L01000020193**

1. Entity Name  
**Q WOODWORKS, LLC**

**FILED**  
**02 NOV -1 AM 9:32**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**22 LAS FLORES STREET  
BOYNTON BEACH FL 33426**

Mailing Address  
**22 LAS FLORES STREET  
BOYNTON BEACH FL 33426**

2. Principal Place of Business  
**2760 NE 7th Avenue**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Pompano Bch., FL**

City & State

Zip  
**33064**

Country  
**USA**

4. FEI Number Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**REILLY, FRANK V ESQ.  
6245 NORTH FEDERAL HIGHWAY, THIRD FLOOR  
FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent -

Name  
**Worldwide Corporate Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**2780 East Oakland Park Blvd.**

City  
**Fort Lauderdale**

State  
**FL**

Zip Code  
**33306**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE , **Stephen F. Goldenberg, President** **10/29/02**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

05/15/02 90050 001 \$50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**MGRM DANIEL QUICK**  
**22 LAS FLORES BOYNTON BCH FL 33426**

**11/4**

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 608, Florida Statutes.

**SIGNATURE:** **9/27/02 9547841997**

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

Date Daytime Phone #

CR2E083 (4/02)