

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003119**

1. Entity Name  
**QUIZ 734, L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 20 AM 10:02



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
501 KNIGHTS RUN BLVD., #4105  
TAMPA FL 33602

Mailing Address  
501 KNIGHTS RUN BLVD., #4105  
TAMPA FL 33602

2. Principal Place of Business  
**1513 S. TAMiami TRl.**  
Suite, Apt. #, etc.  
**SUITE B**

3. Mailing Address  
**1202 DEL MAR BLVD.**  
Suite, Apt. #, etc.  
**SUITE 6**

City & State  
**SARASOTA FLORIDA**

City & State  
**LAREDO, TEXAS**

Zip Country  
**34239 US**

Zip Country  
**78045 US**

4. FEI Number  
**74-2895915**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**DANAHER, THOMAS W ESQ.**  
**401 EAST JACKSON STREET, SUITE 2400**  
**TAMPA FL 33602**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR TRAUTMANN, DELBERT A JR. 501 KNIGHTS RUN BLVD., #4105 TAMPA FL 33602</b> <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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1202 DEL MAR BLVD. SUITE 6 LAREDO, TX 78045</b>
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 <b>200003408922-001-4</b> <b>09/29/00-01011-001-4</b> <b>*****50.00 *****50.00</b>
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

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: *Delbert A. Trautmann* **DELBERT A. TRAUTMANN** 9/14/00 956 717-2426  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CRZE083 (5/00)