

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91218 032 \*\*\*150.00

DOCUMENT # P00000063485

Entity Name  
**QUICK PAWN, INC.**

Principal Place of Business Mailing Address  
**508 NORTH DIXIE HWY STE 5 SAME**  
**LANTANA FL 33462**  
 US

Principal Place of Business Mailing Address  
**3984 LAKE WORTH RD 3984 LAKE WORTH RD**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**LAKE WORTH FL LAKE WORTH FL**  
 Zip Country Zip Country  
**33461 US 33461 US**

4. FEI Number Applied For  
**65-0124048** Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**GLAZER, NAUM**  
**508 NORTH DIXIE HWY**  
**STE 5**  
**LANTANA FL 33462**

7. Name and Address of New Registered Agent  
 Name **NAUM GLAZER**  
 Street Address (P.O. Box Number is Not Acceptable) **430 S DIXIE HWY**  
 City **LANTANA FL** Zip **33462**

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]* **NAUM GLAZER** DATE: **04/27/01**

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS	
LE: <input type="checkbox"/> Delete ME: <b>GLAZER, NAUM</b> STREET ADDRESS: <b>4590 CARAMOLA CIRCLE DRIVE LAKE</b> CITY-ST-ZIP: <b>COCONUT CREEK, FL 33666</b>	
LE: <input type="checkbox"/> Delete ME: STREET ADDRESS: CITY-ST-ZIP:	
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LE: <input type="checkbox"/> Delete ME: STREET ADDRESS: CITY-ST-ZIP:	
LE: <input type="checkbox"/> Delete ME: STREET ADDRESS: CITY-ST-ZIP:	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, which is otherwise empowered.  
 SIGNATURE: *[Signature]* **NAUM GLAZER** DATE: **04/27/01** DAYTIME PHONE #: **561-582-2877**

CR2E034 (10/00)