

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0005381  
AF

DOCUMENT # L95000000752

1. Entity Name  
QUARTERDECK PROPERTIES, L.C.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2933 E. LAS OLAS BLVD.  
FT. LAUDERDALE FL 33301

Mailing Address  
1541 CORDOVA RD.  
FT LAUDERDALE FL 33316-1713



2. Principal Place of Business  
1541 Cordova Rd.  
Suite, Apt. #, etc.

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

mpm

DO NOT WRITE IN THIS SPACE

City & State  
Ft. Lauderdale, FL  
Zip  
33316  
Country

City & State  
City & State  
Zip  
Country

4. FEI Number  
65-0628251  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
FLANAGAN, PAUL B  
1541 CORDOVA ROAD  
FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent  
Name  
Flanigan, Paul B.  
Street Address (P.O. Box Number is Not Acceptable)  
1541 Cordova Rd.  
City  
Ft. Lauderdale FL Zip Code  
33316

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 reinstating) DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANIGAN, PAUL B		NAME		
STREET ADDRESS	1541 CORDOVA RD.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		CITY-ST-ZIP		
TITLE	MEM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUFFALO HOLDINGS, INC.		NAME	300003249373--3	
STREET ADDRESS	658 W INDIANTOWN RD #204		STREET ADDRESS	-05/11/00--01121--010	
CITY-ST-ZIP	JUPITER FL 33458		CITY-ST-ZIP	*****50.00 *****50.00	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:

*Paul B. Flanigan*

Paul B. Flanigan

4/19/00

954-525-8042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)