

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90160 046 \*\*\*\*50.00

**DOCUMENT # L95000000752**

1. Entity Name

**QUARTERDECK PROPERTIES, L.C.**

Principal Place of Business

**1541 CORDOVA RD  
 FT. LAUDERDALE FL 33316**

Mailing Address

**1541 CORDOVA RD  
 FT. LAUDERDALE FL 33316**

2. Principal Place of Business

**1015 SE 16th St.**

3. Mailing Address

**1015 S.E 16th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ft. Lauderdale, FL**

City & State

**Ft. Lauderdale, FL**

Zip

**33316**

Country

**USA**

Zip

**33316**

Country

**USA**

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**

*Address  
 Change  
 only →*

7. Name and Address of New Registered Agent

Name **Flanigan, Paul B.**

Street Address (P.O. Box Number is Not Acceptable)

**1015 SE 16th St.**

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)

**3/27/02**

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
 NAME **FLANIGAN, PAUL B**  
 STREET ADDRESS **1541 CORDOVA RD.**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE **MEM** ☐ Delete  
 NAME **BUFFALO HOLDINGS, INC.**  
 STREET ADDRESS **658 W INDIANTOWN RD #204**  
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
 NAME **FLANIGAN, PAUL B.**  
 STREET ADDRESS **1015 SE 16th St.**  
 CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

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

**3/27/02**

DATE

**954-525-8042**

Daytime Phone #

CR2E083 (9/01)