

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90118 032 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 579551

1. Entity Name

QUICK QUOTE INSURANCE BROKERS INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8181 WEST BROWARD BLVD

Suite, Apt. #, etc.

204

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

PLANTATION FL

City & State

4. FEI Number

591843906

Applied For

Not Applicable

Zip

33324

Country

GRD

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SUSAN PINE

Street Address (P.O. Box Number is Not Acceptable)  
8181 W. BROWARD BLVD #204

City

PLANTATION

FL

Zip Code

33324

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/2002

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT, SECY, TREAS.  
NAME SUSAN PINE  
STREET ADDRESS 8181 W. BROWARD BLVD  
CITY- ST- ZIP PLANTATION FL 33324

TITLE VICE PRES  
NAME RAY PINTO  
STREET ADDRESS 8181 W. BROWARD BLVD  
CITY- ST- ZIP PLANTATION FL 33324

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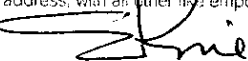
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IN THIS SPACE**

13. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2002

Date

954 424-3131

Daytime Phone #

CR2E034B (12/01)