

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A00000001214**

1. Entity Name  
**CUADRA ASSET MANAGEMENT, LTD.**

*Wg/j*  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 SEP -7 PM 1:08

Principal Place of Business  
**330 REDWOOD LANE  
KEY BISCAYNE FL 33149**

Mailing Address  
**330 REDWOOD LANE  
KEY BISCAYNE FL 33149**



2. Principal Place of Business  
Suite, Apt. #, etc.

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

**DUE BY SEPTEMBER 26, 2001**

City & State

4. FEI Number  
**65-104 3695**

Applied For  
Not Applicable

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAW OFFICES OF SETH E. ELLIS, P.A.  
2600 NORTH MILITARY TRAIL, SUITE 290  
BOCA RATON FL 33431**

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)

9. Capital Contributions as Shown on record. **160,000.00** ~~990.00~~

10. Amount of Capital Contributions in FLORIDA to date. **160,000**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<del>P0000073549</del> <b>P0000073549</b> <b>CUADRA MANAGEMENT CORP.</b> <b>330 REDWOOD LANE</b> <b>KEY BISCAYNE FL 33149</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<b>FF \$926.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<b>600004579356--3</b> <b>-09/11/01--01009--018</b> <b>****926.25 ****926.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **9/5/01** **305-361-5425**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/01)