

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001742**

1. Entity Name  
**QUARTIN LIMITED PARTNERSHIP**



Principal Place of Business  
**7000 N.W. 25TH STREET  
MIAMI FL 33122**

Mailing Address  
**C/O JAY ROSSIN  
2699 S. BAYSHORE DRIVE  
MIAMI FL 33133**

FILED

03 OCT 15 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY SEPTEMBER 24, 2003**

City & State

City & State

4. FEI Number **65-0812982**

Applied For  
Not Applicable

Zip

Country

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

**QUARTIN, STEPHEN**

**8980 S.W. 67TH AVENUE**

**MIAMI FL 33156**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$2,900,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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  
**QUARTIN, EDNA TRUSTEE  
2451 BRICKELL AVE., APT. 20-G  
MIAMI FL 33129**

STREET ADDRESS  
CITY-ST-ZIP  
**300023021043  
10/15/03--01084--013 \*\*385.00**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BERNSTEIN, BARBARA  
413 BUTTONWOOD LANE  
LARGO FL 33770**

STREET ADDRESS  
CITY-ST-ZIP  
**300023021043  
09/12/03--01058--002 \*\*541.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**QUARTIN, STEPHEN  
8980 S.W. 67TH AVE.  
MIAMI FL 33156**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**QUARTIN, EDYTHE  
2584 INAQUA AVE.  
COCONUT GROVE FL 33133**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**FESTINGER, JANET O  
616 SANTURCE AVE.  
CORAL GABLES FL 33143**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**9/3/03**  
Date

**1-305-592-5320**  
Daytime Phone #

0000491 AT

CR2E003 (4/03)

STAPLE CHECK HERE