

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90026 046 *****50.00

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DOCUMENT # L00000012067

1. Entity Name

QUADRI, LLC

Principal Place of Business

**3300 UNIVERSITY DR. SUITE 706
 CORAL SPRINGS FL 33065**

Mailing Address

**3300 UNIVERSITY DR. SUITE 706
 CORAL SPRINGS FL 33065**

2. Principal Place of Business

3300 UNIVERSITY DR

Suite, Apt. #, etc.

407

City & State

CORAL SPRINGS FL

Zip

33065

Country

3. Mailing Address

3300 UNIVERSITY DR

Suite, Apt. #, etc.

407

City & State

CORAL SPRINGS, FL

Zip

33065

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1044275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

VIVIES, PATRICK

**700 E. DANIA BEACH BLVD., SUITE 202
 DANIA FL 33004**

7. Name and Address of New Registered Agent

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

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **TRUCHEMENT, JEAN P**
 STREET ADDRESS **3300 UNIVERSITY DR. SUITE 706**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065** **407**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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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: Truchement

1-15-02

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

Date

Daytime Phone #

CR2E083 (9/01)