

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2002 90161 020 ****50.00

DOCUMENT # L01000012232

1. Entity Name

QUANTUM DEVELOPMENT, LLC

Principal Place of Business

4350 W. SUNRISE BLVD., STE. 116
 PLANTATION FL 33313

Mailing Address

4350 W. SUNRISE BLVD., STE. 116
 PLANTATION FL 33313

2. Principal Place of Business

4350 W Sunrise Blvd

3. Mailing Address

4350 W Sunrise Blvd

Suite, Apt. #, etc.

Ste 116

Suite, Apt. #, etc.

Suite 116

City & State

Plantation

City & State

Plantation

Zip

FL

Country

U.S.A.

Zip

FL

Country

U.S.A.

4. FEI Number

03-0385944

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ANANIA, FRANCIS A
 STE. 4300, 100 S.E. SECOND ST.
 MIAMI FL 33131

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 NAME ☐ Delete

Member
 John V. Allen
 7041 SW 7th STREET
 PLANTATION, FL 33317

TITLE NAME ☐ Delete

Member
 MICHAEL PERKINS
 2402 E. TROPICAL WAY
 PLANTATION, FL 33317

TITLE NAME ☐ Delete

MEMBER
 JOHN T. BARTH
 19360 DICESERVE DRIVE
 BOCA RATON, FL 33498

TITLE NAME ☐ Delete

MEMBER
 MICHAEL BELLINDER
 10277 SW 57th Ct
 COOPER CITY, FL 33328

TITLE NAME ☐ Delete

MEMBER
 DAVID REEVE
 641 EL DORADO Parkway
 PLANTATION, FL 33317

TITLE NAME ☐ Delete

MEMBER
 PETER FLORENCE
 5683 SW 100th Avenue
 COOPER CITY, FL 33328

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

MEMBER
 ALAN GRANT
 8280 CLEAR BLVD. Villa #2812
 PLANTATION, FL 33324

TITLE NAME ☐ Change ☐ Addition

MEMBER
 BYRON STAUFFER
 10401 NW 20th St.
 PEMBROKE PINES, FL 33026

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

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 REQUIRED John V. Allen

Date

Daytime Phone #

CR2E083 (9/01)