

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90034 038 ***150.00

DOCUMENT # L02000011538

1. Entity Name
QUANTUM HOMES LLC



Principal Place of Business

**8500 SW 8TH ST., STE. 238
MIAMI FL 33144**

Mailing Address

**8500 SW 8TH ST., STE. 238
MIAMI FL 33144**

2. Principal Place of Business

1560 S. Dixie Hwy

3. Mailing Address

1560 S. Dixie Hwy

Suite, Apt. #, etc.

Suite # 211

Suite, Apt. #, etc.

Suite # 211

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33146

Country

USA

Zip

33146

Country

USA

4. FEI Number

30-0077079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



20023462

6. Name and Address of Current Registered Agent

**MACHADO, JOSE L
8500 SW 8TH ST., STE. 238
MIAMI FL 33144**

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

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **ALEXDEX CORPORATION**
STREET ADDRESS **8500 SW 8TH ST., STE. 238**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1560 S. Dixie Hwy, Suite 211**
CITY-ST-ZIP **Coral Gables, FL 33146**

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

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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 REQUIRED

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

Date

Daytime Phone #

1.28.03 305 666-4900

CR2E083 (10/02)