

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/17/2003-90218-009-\$50.00-\$50.00

DOCUMENT # L02000014061

1. Entity Name

QUANTUM ENGINEERING GROUP, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY 30 AM 10:02

LA 5/30

Principal Place of Business

453 HIGH POINT LANE  
TALLAHASSEE FL 32301

Mailing Address

453 HIGH POINT LANE  
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

X 81-0613587

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

BENGHUZZI, EZZELDIN  
453 HIGH POINT LANE  
TALLAHASSEE FL 32301

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 MGRM  
NAME EZZELDIN BENGHUZZI  
STREET ADDRESS 453 High Point Lane  
CITY-ST-ZIP Tall, FL 32301

☐ Delete

TITLE  
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10. ADDITIONS/CHANGES

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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

Date

Daytime Phone

EZZELDIN M. BENGHUZZI, 01/12/03 (850) 942-0473

CR2E083 (10/02)