

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L71944

1. Entity Name

QUART, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90133 020 ***150.00

Principal Place of Business

2131 HOLLYWOOD BLVD #505
 HOLLYWOOD FL 33020-6784

Mailing Address

2131 HOLLYWOOD BLVD #505
 HOLLYWOOD FL 33020-6753

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

65-0198403

Applied For

Not Applicable

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

TEPPERMAN, BARRY S.
 2131 HOLLYWOOD BLVD #505
 HOLLYWOOD FL 33020

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PST
 NAME: TEPPERMAN, BARRY
 STREET ADDRESS: 3511 W COMMERCIAL BLVD #200
 CITY-ST-ZIP: FT LAUDERDALE FL 33308 ☐ Delete

TITLE: ☒ Change ☐ Addition
 NAME:
 STREET ADDRESS: 4904 HILDRETH LANE
 CITY-ST-ZIP: STOCKTON, CA 95212

TITLE: D
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 STREET ADDRESS: 3511 W COMMERCIAL BLVD #200
 CITY-ST-ZIP: FT LAUDERDALE FL 33308 ☐ Delete

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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)