

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002293

1. Entity Name

QUESTÉ, LLC

FILED

00 JAN 28 PM 4: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1721 SOUTHEAST 9TH STREET ISLAND
FORT LAUDERDALE FL 33316

Mailing Address

1721 SOUTHEAST 9TH STREET ISLAND
FORT LAUDERDALE FL 33316-1415

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

65-0931976

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EMO CORPORATE SERVICES, INC.
100 N.E. THIRD AVENUE, SUITE 1100
FORT LAUDERDALE FL 33301

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR COLLINS, TARI ☐ Delete
STREET ADDRESS 1721 SOUTHEAST 9TH STREET ISLAND
CITY- ST- ZIP FORT LAUDERDALE FL 33316

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400003121904--? ☐ Change ☐ Addition
CITY- ST- ZIP -02/03/00--01007--022
*****55.00 *****55.00

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

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

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TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/25/00

954.522-1522

CR2E083 (9/99)