2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L99000003865

1. Entity Name

QUANTUM REAL ESTATE, LLC

Principal Place of Business	Mailing Address
2000 NORTH 38TH AVENUE	2000 NORTH 38TH AVENUE
HOLLYWOOD FL 33021	HOLLYWOOD FL 33021-4327

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number — ☑ Applied For / Not Applicable
Zip ___ Country ___	Zip ___ Country ___	**5.** Certificate of Status Desired — ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
SERRA, EUGENE 2000 NORTH 38TH AVENUE HOLLYWOOD FL 33021	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		10.		ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	**TITLE**			☐ Change	☐ Addition
NAME	SERRA, EUGENE		**NAME**				
STREET ADDRESS	2000 NORTH 38TH AVENUE		**STREET ADDRESS**				
CITY-ST-ZIP	HOLLYWOOD FL 33021		**CITY-ST-ZIP**				
TITLE		☐ Delete	**TITLE**			☐ Change	☐ Addition
NAME			**NAME**				
STREET ADDRESS			**STREET ADDRESS**				
CITY-ST-ZIP			**CITY-ST-ZIP**		3/16/00		
TITLE		☐ Delete	**TITLE**			☐ Change	☐ Addition
NAME			**NAME**		70000317857?--0		
STREET ADDRESS			**STREET ADDRESS**		-03/21/00--01108--016		
CITY-ST-ZIP			**CITY-ST-ZIP**		*****55.00 *****55.00		
TITLE		☐ Delete	**TITLE**			☐ Change	☐ Addition
NAME			**NAME**				
STREET ADDRESS			**STREET ADDRESS**				
CITY-ST-ZIP			**CITY-ST-ZIP**				
TITLE		☐ Delete	**TITLE**			☐ Change	☐ Addition
NAME			**NAME**				
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CITY-ST-ZIP			**CITY-ST-ZIP**				
TITLE		☐ Delete	**TITLE**			☐ Change	☐ Addition
NAME			**NAME**				
STREET ADDRESS			**STREET ADDRESS**				
CITY-ST-ZIP			**CITY-ST-ZIP**				

CR2E083 (9/99)

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   2/28/00   (954) 986-7933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #