2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am Secretary of State DOCUMENT # L9900003865 04-16-2002 90084 036 ****55.00 QUANTUM REAL ESTATE, LLC Principal Place of Business Mailing Address 2000 NORTH 38TH AVENUE 2000 NORTH 38TH AVENUE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address 514 NE 13th 574 NE 13th STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0931741 FORT CAND FIORIDA ORT LAWS. FLORIDA Not Applicable Zip Country BROWARD \$5.00 Additional 5. Certificate of Status Desired 33304 33364 BlowARD 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SERRA, EUGENE Street Address (P.O. Box Number is Not Acceptable) 2000 NORTH 38TH AVENUE HOLLYWOOD FL 33021 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM MGRM TITLE ☐ Delete TITLE Change ☐ Addition SERRA, EUGENE SERRA, EUGENE NAME NAME 516 NE 13 HASTREET STREET ADDRESS 2000 NORTH 38TH AVENUE STREET ADDRESS 33304 CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP FORT CANDERDACE FL TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE