

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004682

1. Entity Name

QUANTUM FINANCIAL SERVICES GROUP LLC

Principal Place of Business

Mailing Address

C/O GEORGE D. PERLMAN, P.A.
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131

C/O GEORGE D. PERLMAN, P.A.
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131

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

65-0965667

Applied For

Not Applicable

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

PERLMAN, GEORGE D
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131

Name GEORGE D. PERLMAN, P.A.
Street Address (P.O. Box Number is Not Acceptable)
701 BRICKELL AVENUE
Suite 3000
City MIAMI FL Zip Code 33131

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

300004423993--4

-06/18/01--01025--016

*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME KAUACHI, JOSE
STREET ADDRESS P.O. BOX 18461847
CITY-ST-ZIP EDWARDS CO 81632

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

TITLE MGR ☐ Delete
NAME ATLANTIC TRUST
STREET ADDRESS 701 BRICKELL AVE., STE. 3000
CITY-ST-ZIP MIAMI FL 33131

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 REQUIRED JOSE KAUACHI, MANAGER

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

Date

Daytime Phone #

CR2E083 (11/00)

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FILED

01 JUN 12 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE