

2000 UNIFORM BUSINESS REPORT (UBR)

8033-1 APPROVED
AND
FILED

00 MAY -4 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000005718

1. Entity Name
QUASAR L.L.C.

Principal Place of Business

520 BRICKELL KEY DRIVE
STE 0-305
MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DRIVE
STE 0-305
MIAMI FL 33131-2610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2194745

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

STANHAM, NICHOLAS
520 BRICKELL KEY DRIVE
STE 0-305
MIAMI FL 33131

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 NAME ☐ Delete
MGR
D'AMATO, CLAUDIA
STREET ADDRESS 520 BRICKELL KEY DRIVE, STE 0-305
CITY- ST- ZIP MIAMI FL

TITLE NAME ☐ Change ☒ Addition
AS
Stanham, Nicholas
STREET ADDRESS 520 Brickell Key Drive, Suite 0-305
CITY- ST- ZIP Miami, Fl 33131

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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:

Nicholas Stanham
Nicholas Stanham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-28-00 (305) 374-3800