2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900006307 1. Entity Name QUORUM BUSINESS CENTER LLC						FILED 00 JAN 26 PM 3: 40			
Principal Place of Business Mailing Address						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
3710 N. 37TH TERRACE		3710 N. 37TH TERRACE				· •	CONTIN	`	
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-250			2500		1	188424 BIS 1846 1944 SBIN 8811 8811	+ 04 114 = 1 114 11 141	44 111 (84 1 (55 1	
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2. Principal Place of Business		3. Mailing Address			''	18811 4 11 418 18118 181 11 88111 88111 88111	4 4111 2 211 2 2 116 2 1111	86)() (9 6) (88)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN 1	HIS SPACE	•	
City & State		City & State			4. FEI Nu	umber 55.695 7584	A	oplied For	
Zip	Country	. Zip C		Country 5.		icate of Status Desired	\$5.00 Ad		
	6. Name and Address of Current	Registered Agent	J		7. Name	and Address of New Registe		<u></u>	
GHIRIS, LEO 3129 N. 29TH AVENUE HOLLYWOOD FL 33020								per To Projecting of	
				City	FL Zip Code				
8. The above named entity submit this statement for the pulpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTÉ: Registered Agent signature required when reinstating)									
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State									
9.	MANAGING MEMBI	ERS/MEMBERS	10.			ADDITIONS/CHAN	IGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRIVI Lev Chitis 3710 N. 37 terror Hollywood Fl 33	□ Delete	TITLE NAME STREET CITY-8	ADDRESS IT-ZIP		60000311 -01/27/00- *****50			
TITLE NAME STREET ACCRESS CITY-ST-ZIP	·	□ Delete	TITLE NAME STREET CITY-S	ADDRESS	•		Change	<u> </u>	
TITLE NAME STREET ADDRESS	gā spira i i sar .	Desicts		ADDRESS .		menter # a seek as entergraphing by by year	☐ Change		
CITY-87-ZIP		Detete	CITY-S TITLE	17-ZIP			Change		
NAME STREET ADDRESS		د_ا الاهدال	NAME STREET	ADDRESS			مهرست یی	_	
CITY-8T-ZIP	<u> </u>		CITY- 8	II LIF	<u>_</u>		☐ Change		
NAME STREET ADDRESS CITY-ST-ZIP			NAME	ADDRESS T-ZIP					
TITLE		Delete	TUTLE				Change		
NAME STREET ADDRESS CITY-ST-ZIP	1	,	NAME STREET CITY-S	ADORESS T-zip					
11. I hereby certify that the information surplied 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 DayLing Phone #									