

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001539

1. Entity Name

QUAD OFFICE PARK ASSOCIATION, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90997 024 ****61.25

Principal Place of Business

% BRENNER REAL ESTATE
3195 N. POWERLINE RD., STE 104
POMPANO BEACH FL 33069

Mailing Address

% BRENNER REAL ESTATE
3195 N. POWERLINE RD., STE 104
POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

1000 E. Hillsboro Blvd.
Suite 100
Deerfield Beach, FL 33441

1000 E. Hillsboro Blvd.
Suite 100
Deerfield Beach, FL 33441



DO NOT WRITE IN THIS SPACE

FEI Number

65-0405799

Applied For

Not Applicable

Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRENNER, SCOTT F
C/O BRENNER REAL ESTATE GROUP
3195 NORTH POWERLINE ROAD, SUITE 104
POMPANO BEACH FL 33069

Name

1000 E. Hillsboro Blvd.
Suite 100
Deerfield Beach, FL 33441

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registers.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BRENNER, SCOTT F
3195 N. POWERLINE RD.
POMPANO BCH FL 33069

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Scott Brenner
1000 E. Hillsboro Blvd., Suite 100
Deerfield Beach, FL 33441

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
HOROWITZ, BRIAN
3195 N. POWERLINE ROAD
POMPANO BCH FL 33069

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Brian Horowitz
1000 E. Hillsboro Blvd., Suite 100
Deerfield Beach, FL 33441

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
PINCUS, GEORGE
2255 GLADES ROAD STE 340
BOCA RATON FL 33431

☐ Delete

TITLE
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CITY-ST-ZIP
Change ☐ Addition

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)