

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034120

1. Entity Name

QUIK FINANCIAL CORP.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90315 036 ***150.00

0617681

Principal Place of Business
C/O PEDRO MARTIN. ESQ.
122 BRICKELL AVE.
MIAMI FL 33131

Mailing Address
C/O PEDRO MARTIN. ESQ.
122 BRICKELL AVE.
MIAMI FL 33131

LU039963



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
FORT LAUDERDALE, FL.

3. Mailing Address
2699 STIRLING ROAD
73303

Suite, Apt. #, etc.

City & State
FORT LAUDERDALE FL

Zip
33312

Country
BROWARD

4. FEI Number
65-1070907

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARTIN, PEDRO A ESQ
C/O GREENBERG & TRAUGIG, P.A.
1221 RICKELL AVE.
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President, Secretary, Treasurer Richard Orenstein, c/o Greenberg, Traurig, PA, 1221 Brickell Ave. Miami, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Orenstein, Pres.

Date

Daytime Phone #

954981-5668

CR2E034 (10/00)