

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State
 04-26-2002 90019 027 ***150.00

DOCUMENT # P00000034120

1. Entity Name
QUIK FINANCIAL CORP.

Principal Place of Business

**C/O PEDRO MARTIN. ESQ.
 122 BRICKELL AVE.
 FORT LAUDERDALE FL**

Mailing Address

**2699 STIRLING ROAD
 B-303
 FORT LAUDERDALE FL 33312**

2. Principal Place of Business

2699 STIRLING ROAD

Suite, Apt. #, etc.
SUITE B303

City & State
FORT LAUDERDALE, FL

Zip
33312

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
65-1070907

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**COMPLIANCE CONSULTING CORPORATION OF FL
 521 LAKE AVENUE
 SUITE 4
 LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name
COMPLIANCE CONSULTING CORP OF FLORIDA
 Street Address (P.O. Box Number is Not Acceptable)
521 LAKE AVENUE
SUITE 4
 City
LAKE WORTH **FL** Zip Code
33460

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

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, 2002 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
DPST
ORENSTEIN, RICHARD ☐ Delete
C/O GREENBERG, TRUARIG, 1221 BRICKELL AVE
MIAMI FL 33131

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP
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☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DPST ☒ Change ☐ Addition
ORENSTEIN, RICHARD
2699 STIRLING ROAD SUITE B303
FORT LAUDERDALE FL 33312

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DV ☐ Change ☒ Addition
CHARLES KOLARIK
2699 STIRLING ROAD SUITE B303
FORT LAUDERDALE, FL 33312

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DT ☐ Change ☒ Addition
AUDREY KAHN
2699 STIRLING ROAD SUITE B303
FORT LAUDERDALE, FL 33312

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D ☐ Change ☒ Addition
JANET ORENSTEIN
2699 STIRLING ROAD SUITE B303
FORT LAUDERDALE, FL 33312

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

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

Date

Daytime Phone #

CR2E034 (9/01)