

02/03

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000096734

1. Entity Name

Quick Close Mortgage

FILED

03 FEB -7 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4585 N. Dixie Hwy

3. Mailing Address

PO Box 5044

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach FL

City & State

Ft. Lauderdale FL

4. FEI Number

65-1128-131

Applied For

Not Applicable

Zip

33310

Country

Broward US

Zip

33310

Country

Broward US5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Gaelle Fabre

Street Address (P.O. Box Number is Not Acceptable)

4170 Inverrary Blvd #111

City

Ft. Lauderdale

FL

Zip Code

33310

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-703

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Gaelle Fabre</u> <u>4170 Inverrary Dr #111</u> <u>Lauderhill, FL 33317</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>900012704629</u> <u>02/18/03--01053--025 **300.00</u>
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DO NOT WRITE
IN THIS SPACE

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 607, Florida Statutes; and that my name appears in Block 10 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 #

1-703 (954) 783-4116

2/2/13

CR2E034B (12/02)