

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90074 005 ***150.00

0006529 AT

DOCUMENT # P01000117152

1. Entity Name

QUANTUM VENTURES, INC.

Principal Place of Business

**3820 CORAL TREE CIRCLE
 COCONUT CREEK FL 33073**

Mailing Address

**3820 CORAL TREE CIRCLE
 COCONUT CREEK FL 33073**

2. Principal Place of Business

7667 Sample Rd., Ste #236

Suite, Apt. #, etc.

Suite # 236

City & State

Coral Springs, FL

Zip

33065

Country

Broward

3. Mailing Address

7667 Sample Rd.

Suite, Apt. #, etc.

Ste # 236

City & State

Coral Springs, FL

Zip

33065

Country

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

30-0014661

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

NICOLETTI, PAUL J

946 SOUTH PATRICK CIRCLE

WEST PALM BEACH FL 33406-4476

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

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 **President** ☐ Delete
 NAME **Patricia J. Quinn**
 STREET ADDRESS **3820 Coral Tree Circle**
 CITY-ST-ZIP **Coconut Creek, FL 33073**

TITLE ☐ Delete
 NAME
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
 NAME **PATRICIA J. QUINN**
 STREET ADDRESS **3820 Coral Tree Circle**
 CITY-ST-ZIP **Coconut Creek, FL 33073**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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:

Patricia J. Quinn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia J. Quinn

Date

Daytime Phone #

4/1/02 954-971-1808

CR2E034 (9/01)