

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

04-28-2003 90158 009 ***150.00

DOCUMENT # P02000064495

1. Entity Name
QUADFORE CORPORATION



Principal Place of Business
1801 CLINT MOORE RD., STE. 100
BOCA RATON FL 33487

Mailing Address
1801 CLINT MOORE RD., STE. 100
BOCA RATON FL 33487

55040734



2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-0612845

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

NASS, CORY B ESQ.
1801 CLINT MOORE RD., STE. 100
BOCA RATON FL 33487

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. 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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **D** ☐ Delete
NAME **NASS, CORY**
STREET ADDRESS **1801 CLINT MOORE RD., STE. 100**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **Altman, Eric**
STREET ADDRESS **1 Union Square South, Apt 20F**
CITY-ST-ZIP **New York NY 10003**

TITLE **V/S/D** ☐ Change ☒ Addition
NAME **Rivera, Kerve**
STREET ADDRESS **4972 Garden Dr**
CITY-ST-ZIP **Delray Beach, FL 33445**

TITLE **V/D** ☐ Change ☒ Addition
NAME **Kashimba, Jared**
STREET ADDRESS **121 NW 28 St**
CITY-ST-ZIP **Gainesville, FL 32607**

TITLE **V** ☐ Change ☒ Addition
NAME **Clark, Pete**
STREET ADDRESS **200 Azalea Ave**
CITY-ST-ZIP **St. Augustine FL 32080**

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

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

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 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

(561) 998-8884

Date

Daytime Phone #

CR2E034 (10/02)