

P93000010348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/29/03
R.A. Change
sf

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Quatrum, Inc.
(Name of corporation)

DOCUMENT NUMBER: P93000010348

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Irwin Majzner

(Name of person)

Quatrum Inc.

(Name of firm/company)

3414 East Atlantic Blvd.

(Address)

Pompano Beach, FL 33062

(City/state and zip code)

For further information concerning this matter, please call:

Irwin Majzner

(Name of person)

(954) 942-3336

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 633
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RECEIVED
03 JAN 29 AM 9:30
DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Quatrum, Inc.
2. The principal office address: 3414 E. Atlantic Blvd.
Pompano Beach, FL 33062
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/10/1993 Document number: P93000010348
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Isaac Capuano

3414 E. Atlantic Blvd.

Pompano Beach, FL 33062

6. The name and street address of the new registered agent (if changed) and or registered office (if changed):

Irwin Majzner

(P.O. Box or personal mailbox NOT acceptable)

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board, or the corporation has been notified in writing of the change.

Irwin Majzner
(Signature of an officer, chairman or vice chairman of the board)

Irwin Majzner
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Irwin Majzner
(Signature of Registered Agent)

1-23-03
(Date)

If signing on behalf of an entity:

Irwin Majzner
(Typed or Printed Name)

Vice President
(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
03 JAN 29 2 10 43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA