

2000 UNIFORM BUSINESS REPORT (UBR)

0208862

DOCUMENT # P93000088833

1. Entity Name

QUARTZ INCORPORATED

FILED

00 MAR 14 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3200 PONCE DE LEON BLVD 2ND FLOOR
CORAL GABLES FL 33134
US

3200 PONCE DE LEON BLVD 2ND FLOOR
CORAL GABLES FL 33134-7239
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o RJS 201 S. Biscayne Blvd.

c/o RJS 201 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1500

Suite 1500

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33131

33131

4. FEI Number

65-0463880

Applied For

Not Applicable

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

VALLE, JOSE

3200 PONCE DE LEON BLVD
2ND FLOOR
CORAL GABLES FL 33134

Name

Corporation Company of Miami

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

201 S. Biscayne Blvd., Suite 1500

City

Miami

FL

Zip Code
33131

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.

CORPORATION COMPANY OF MIAMI

SIGNATURE By: *Lalaine A. Landau* Lalaine A. Landau, Asst. Secretary

2/28/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTS	☒ Delete
NAME	VALLE, JOSE	
STREET ADDRESS	3200 PONCE DE LEON BLVD 2ND FLOOR	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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		

TITLE	D/P/S/T	☒ Change ☐ Addition
NAME	Linburgh Martin	
STREET ADDRESS	c/o RJS 201 S. Biscayne Blvd., #1500	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Linburgh Martin

February 18, 2000

Date

345 949 8455

Daytime Phone #

CR2E034 (9/99)