

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90232 001 \*\*\*150.00

**DOCUMENT # P94000065815**

1. Entity Name

**HABER & QUINN, INC.**

Principal Place of Business

Mailing Address

12515 N KENDALL DR  
STE 305  
MIAMI FL 33186  
US

12515 N KENDALL DR  
STE 305  
MIAMI FL 33186-2517  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1777 S. Andrews Ave.

Suite, Apt. #, etc.

Suite 201

City & State

Fort Lauderdale, FL

Zip  
33316

Country

USA

3. Mailing Address

1777 S. Andrews Ave.

Suite, Apt. #, etc.

Suite 201

City & State

Fort Lauderdale, FL

Zip  
33316

Country

USA

4. FEI Number

65-0516703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HABER, GERI

12515 N KENDALL DR

STE 305

MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

Haber, Geri

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

1777 S. Andrews Ave. Ste. 201

City

Fort Lauderdale

FL

Zip Code

33316

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, 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

TITLE ☐ Delete  
NAME D HABER, GERI  
STREET ADDRESS 14237 SW 94TH CIRCLE LANE UNIT 103  
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Delete  
NAME D QUINN, JOHN  
STREET ADDRESS 724 W. LASOLAS BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33331

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Date

Daytime Phone #

CR2E034 (9/99)