

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000025186

1. Entity Name

QUADRUS CORPORATION

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90231 036 ***158.75

Principal Place of Business

1015-116 ATLANTIC BLVD.
3B1
ATLANTIC BEACH FL 32233
US

Mailing Address

1015-116 ATLANTIC BLVD.
3B1
ATLANTIC BEACH FL 32233
US

2. Principal Place of Business

5308 JEFFERSON STREET

3. Mailing Address

5308 JEFFERSON ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FLORIDA

City & State

Hollywood, FLORIDA

Zip

33021

Country

FLORIDA

Zip

33021

Country

FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EIRAS, MICHAEL
5308 JEFFERSON STREET
HOLLYWOOD FL 33021

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/01

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, 2001 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 **P**
NAME **EIRAS, JAN P**
STREET ADDRESS **12359 WESTHALL PL.**
CITY-ST-ZIP **WELLINGTON FL 33414**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VP**
NAME **EIRAS, MICHAEL J**
STREET ADDRESS **5308 JEFFERSON ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL EIRAS

VIC-PRESIDENT

Date

1/30/01

Daytime Phone #

954-921-9711

CR2E034 (10/00)