## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P96000076039

1. Entity Name

SADER & LEMAIRE, P.A.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG



## **FILED** Feb 06, 2003 8:00 am Secretary of State 02-06-2003 90084 040 \*\*\*150.00

Principal Place of Business 1901 W CYPRESS CREEK RD SUITE 415 FT LAUDERDALE FL 33309 US 2. Principal Place of Business Suite, Apt. #, etc.		Mailing Address 1901 W CYPRESS CREEK SUITE 415 FT LAUDERDALE FL 3330 US 3. Mailing Address Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0706272	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Fee Re	Additional quired
SUITE 415 FT LAUDE  8. The above	ypress creek road ; rdale fl 33309	A Company of the Comp	City	7. Name and Address of New Registered Agent  (P.O. Box Number is Not Acceptable)  FL Zip  ered agent, or both, in the State of Florida. I am familiar	Code with, and accept
F After Make Check	Signature, typed or printed name of registered ac ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.t c Payable to Florida Departmen	00 t of State	TE: Registered Agent signature requir	9. Election Campaign Financing	\$5.00 May Be Added to Fees
10. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME	D SADER, ROBERT 2709 OAK TREE DRIVE FORT LAUDERDALE FL 33309	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	□ Ch	ange 🔲 Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Ch	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Ch	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. □ Ct	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby indicated of the color the color.	certify that the information supplied on this report or supplemental reproporation or the receiver or trustee e or on an attachment with an addre	□ Delete  with this filling clees not qualify for is true and accurate and that mpowered to execute this repo	TITLE NAME STREET ADDRESS CITY-ST-ZIP  or the exemption stated in my signature shall have th	Ch  Section 119.07(3)(i), Florida Statutes. I further certify tha e same legal effect as if made under oath; that I am an o 07, Florida Statutes; and that my name appears in Block	_

LAW OFFICE

## SADER & LeMAIRE, P.A.

A PROFESSIONAL ASSOCIATION

Robert L. Sader\* Michael R. LeMaire

\* Also admitted in Ohio

Affachment

90226b

February 4, 2003

P02000058400

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: Quayside, Inc.

To the Division:

Please find enclosed the following regarding the above referenced company:

- 1. 2003 For Profit Corporation UBR.
- 2. Our check for \$150 payable to Florida Department of State.

Thank you.

Very truly yours,

Robert L. Sader, Esq.

RLS/hg

Encis.

P.S. Check in from Cueves of Pompono Beach, which is the d/b/a of Quayaid, Inc.