2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State
01-20-2000 90241 037 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000099209

1. Entity Name
QUAD EQUITIES, INC.

Principal Place of Business	Mailing Address
3201 GRIFFIN ROAD. #206 FT LAUDERDALE FL 33312	3201 GRIFFIN ROAD. #206 FT LAUDERDALE FL 33077-1238

2. Principal Place of Business		3. Mailing Address	
2844 Coral Springs Dr.		P.O. Box 771238	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Coral Springs, Florida		City & State: Coral Springs, Florida	
Zip: 33071	Country: USA	Zip: 33077	Country: USA

4. FEI Number 65-0715057 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OLIVER, MICHAEL
3201 GRIFFIN ROAD, #206
FT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 2844 Coral Springs Dr.
City Coral Springs, **FL** Zip Code 33071

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 Michael R. Oliver [signature] 1/4/2000
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	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	OLIVER, MICHAEL L		NAME	OLIVER, MICHAEL R.	
STREET ADDRESS	3201 GRIFFIN ROAD, #206		STREET ADDRESS	2844 Coral Springs, Dr.	
CITY-ST-ZIP	FT LAUDERDALE FL 33312		CITY-ST-ZIP	Coral Springs, FLorida 33071	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: Michael R. Oliver, [signature] 1/4/2000 (954)344-5204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #