

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

AMI

DOCUMENT # P97000049331



FILED

03 AUG 26 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
QUAIL ROOST TRADE CENTER, INC.

Principal Place of Business
1320 S. DIXIE HWY., STE. 781
CORAL GABLES, FL 33146

Mailing Address
1320 S. DIXIE HWY., STE. 781
CORAL GABLES, FL 33146

2. Principal Place of Business

3. Mailing Address



CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0774243

Applied For
 Not Applicable

Zip Country

Zip Country

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

**BROWN, GARY L
4000 HOLLYWOOD BLVD
#265-S
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOT: Registered Agent Signature required when substituting)

DATE

File Now with Fee of \$180.00
or file by May 1, 2003 with fee of \$550.00
Annual UBR fee of \$75.00
Make check payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
GREENWALD, ALLEN R
1320 S. DIXIE HWY., STE. 781
CORAL GABLES, FL 33146**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT 200022178082
08/08/03--01072--001 **35.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BARRY Z. HECHTMAN
8100 SW 81 DRIVE #210
MIAMI, FL 33143-6603**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**200022178082
09/09/03--01073--006 **26.25**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

7/31/03 (305) 667-4856

Date

Daytime Phone #