

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083932

1. Entity Name

QUOTA LICENSE LENDERS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90270 024 ***150.00

Principal Place of Business

1111 PARK CENTER BLVD
SUITE 104
MIAMI FL 33169

Mailing Address

1111 PARK CENTER BLVD
SUITE 104
MIAMI FL 33169-5365

2. Principal Place of Business

1931 NE 197 Terr.
Suite, Apt. #, etc.

3. Mailing Address

1931 NE 197 Terr.
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0797728

Applied For

Not Applicable

Zip

33179

Country

Dade

Zip

33179

Country

Dade

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

Name

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

1931 NE 197 Terr.

City

Miami

FL

Zip Code

33179

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS CHADROFF, JOYCE
CITY-ST-ZIP 1111 PARK CENTER BLVD, STE 104
MIAMI FL 33169

TITLE ☒ Change ☐ Addition
NAME 1931 NE 197 Terr.
STREET ADDRESS MIAMI, FL. 33179
CITY-ST-ZIP JOYCE CHADROFF
1931 NE 197 Terr.
MIAMI, FL. 33179

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19/99