

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90395 034 ***150.00

DOCUMENT # P97000083932

1. Entity Name
QUOTA LICENSE LENDERS, INC.



Principal Place of Business
**1931 NE 197 TERR
MIAMI FL 33179**

Mailing Address
**1931 NE 197 TERR
MIAMI FL 33179**



2. Principal Place of Business

3000 Island Blvd

3. Mailing Address

3000 ISLAND BLVD.

Suite, Apt. #, etc.

UNIT 401

Suite, Apt. #, etc.

UNIT 401

City & State

WILLIAMS ISLAND, FL.

City & State

WILLIAMS ISLAND, FL.

Zip

33160

Country

USA

Zip

33160

Country

USA

4. FEI Number

65-0797728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHADROFF, JOYCE
1931 NE 197 TERR
MIAMI FL 33179**

7. Name and Address of New Registered Agent

Name **SY CHADROFF**

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

3000 ISLAND BLVD.

UNIT 401

City

WILLIAMS ISLAND

FL

Zip Code

33160

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 holder of fee if any.

SY CHADROFF

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE **D** ☐ Delete
NAME **CHADROFF, JOYCE**
STREET ADDRESS **1931 NE 197 TERR**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE **P** ☐ Delete
NAME **CHADROFF, JOYCE**
STREET ADDRESS **1931 NE 197 TERR**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3000 ISLAND BLVD.**
CITY-ST-ZIP **WILLIAMS ISLAND, FL. 33160**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3000 ISLAND BLVD.**
CITY-ST-ZIP **WILLIAMS ISLAND, FL. 33160**

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

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

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

TITLE ☐ Change ☐ Addition
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 a power like empowered.

SIGNATURE:

JOYCE CHADROFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOYCE CHADROFF, PRESIDENT

Date **2-5-03**

Daytime Phone **305 932 4146**

CR2E034 (10/02)