## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # **P98000050044** 1. Entity Name QUALITY FIRST HOMES II, INC. 05-24-2000 90050 012 \*\*\*150.00 Mailing Address Principal Place of Business 100 W CYPRESS CREEK ROAD SUITE 700 100 W CYPRESS CREEK ROAD SUITE 700 FORT LAUDERDALE FL 33309-2195 FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address 800 NE 195 Street Has Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0840329 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREENSPOON, GERALD ESQ GREENSPOON MARDER HIRSCHFELD ET AL 100 WEST CYPRESS CREEK ROAD SUITE 700 FORT LAUDERDALE FL 33309 <sup>Zip</sup> **23/27** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE TITLE ☐ Delete GAMEL, BENNETT NAME NAME STREET ADDRESS STREET ADDRESS 100 W CYPRESS CREEK ROAD SUITE 700 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33309 Addition TITLE Delete TITI F EPSTEIN, DANIEL NAME NAME 100 W CYPRESS CREEK ROAD SUITE 700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF FORT LAUDERDALE FL 33309 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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