## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## **FILED** Feb 09, 2001 8:00 am Secretary of State **DOCUMENT # P98000050044** QUALITY FIRST HOMES II, INC. 02-09-2001 90231 035 \*\*\*150.00 Principal Place of Business Mailing Address 100 W CYPRESS CREEK ROAD SUITE 700 100 W CYPRESS CREEK ROAD SUITE 700 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 11011 U\$ 2. Principal Place of Business 3. Mailing Address 800 NR 800 NE193 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0840329 mann V. MIMMI BUY Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREENSPOON, GERALD ESQ. Street Address (P.O. Box Number GREENSPOON MARDER HIRSCHFELD ET AL 09 100 WEST CYPRESS CREEK ROAD SUITE 700 FORT LAUDERDALE FL 33309 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 WETT CHAME FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12. TITLE ☐ Delete PRRS, SAG BENNETT **GAMEL, BENNETT** GAMEL, NAME NAME 100 W CYPRESS CREEK ROAD SUITE 700 STREET ADDRESS STREET ADDRESS 800 Ne 195 ST CITY-ST-ZIP CITY-ST-ZIP ア 3/29 FORT LAUDERDALE FL 33309 V. MIAMI BEOCH TITLE Change ☐ Addition TITLE EPSTEIN, DANIEL NAME NAME STREET ADDRESS 100 W CYPRESS CREEK ROAD SUITE 700 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ~ Delete Change -☐ Addition\* NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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