## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # **P98000085686** May 08, 2000 8:00 am 1. Entity Name Secretary of State QUANTUM HOLDING GROUP, INC. 05-08-2000 90027 026 \*\*\*150.00 Principal Place of Business Mailing Address 551 NW 77TH ST., STE, 202 551 NW 77TH ST., STE, 202 BOCA RATON FL 33487-1330 **BOCA RATON FL 33487** 3. Mailing Address 2. Principal Place of Business 2400 HIGH RIDGE ROAD 2400 HIGH RIDGE ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 100 SUITE 100 City & State Applied For City & State 4. FEI Number 59-3547040 BOYNTON BEACH BOYNTON BEACH Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33426 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DISHER, SCOTT B Street Address (P.O. Box Number is Not Acceptable) 551 NW 77TH ST., STE. 202 **BOCA RATON FL 33487** NTON BEACH 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. DISHER (NOTE: Registered Agent signature required when reinstating) Signature, typed a puried name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE ☐ Delete DISHER, SCOTT B NAME 2400 HIGH RIGGE ROAD, SUITE 100 STREET ADDRESS 551 NW 77TH ST., STE. 202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** Change ☐ Delete TITI F TITLE CAPONIGRO, CHRISTOPHER NAME NAME 2400 HIGH RIDGE ROAD, SUITE 100 851 NW 77TH ST. STE 202 STREET ADDRESS STREET ADDRESS BOYNTON-BEACH FL-23426 CITY-ST-7IP **BOCA RATON FL 33487** CITY-ST-ZIP ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ 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 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00 (561)733-8800