

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028143

1. Entity Name

QUOTE BEEP.COM INC.

PROFESSIONAL CARD GRADERS INC

Principal Place of Business

Mailing Address

26 VANDAM STREET, SUITE 2FE
NEW YORK NY 10013

26 VANDAM STREET, SUITE 2FE
NEW YORK NY 07030-1956

2. Principal Place of Business

2303 W. McNab Road

3. Mailing Address

2303 W. McNab Road

Suite, Apt. #, etc.

Suite 10

Suite, Apt. #, etc.

Suite 10

City & State

Pompano Beach FL

City & State

Pompano Beach FL

Zip

33069

Country

USA

Zip

33069

Country

USA

6. Name and Address of Current Registered Agent

KRAMER, JOEL
19128 CLOISTER LAKE LANE
BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D	KRAMER, ERIC R	26 VANDAM STREET, SUITE 2FE	NEW YORK NY 10013	<input checked="" type="checkbox"/>
D	KRAMER, IAN D	437 25TH ST.	HERMOSA BEACH CA 90254	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
President	Kramer Ian D	19128 Cloister Lake Lane	Boca Raton FL 33498	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

Ian D. Kramer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/14/00

Daytime Phone #

935 954-~~709~~-2091



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)