

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90157 005 \*\*\*150.00

**DOCUMENT # P99000101273**

1. Entity Name  
**QUORUM REAL ESTATE, INC.**



Principal Place of Business  
**1100 LEE WAGENER BLVD.  
SUITE 208  
FORT LAUDERDALE FL 33315  
US**

Mailing Address  
**1100 LEE WAGENER BLVD.  
SUITE 208  
FORT LAUDERDALE FL 33315  
US**

2. Principal Place of Business  
**12300 South Shore Blvd.**

3. Mailing Address  
**12300 South Shore Blvd.**

Suite, Apt. #, etc.  
**Suite 200**

Suite, Apt. #, etc.  
**Suite 200**

City & State  
**Wellington, FL**

City & State  
**Wellington, FL**

Zip  
**33414**

Country  
**USA**

Zip  
**33414**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEJER, ALVARO L  
2600 DOUGLAS ROAD  
SUITE 1111  
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **CISNEROS, EMMA**  
STREET ADDRESS **1100 LEE WAGENER BLDV. SUITE 208**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE ☒ Change ☐ Addition  
NAME **Cisneros, Emma**  
STREET ADDRESS **12300 South Shore Blvd. Ste 200**  
CITY-ST-ZIP **Wellington, FL 33414**

TITLE **D** ☐ Delete  
NAME **VARGAS, VICTOR**  
STREET ADDRESS **1100 LEE WAGENER BLDV. SUITE 208**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE ☒ Change ☐ Addition  
NAME **Vargas, Victor**  
STREET ADDRESS **12300 South Shore Blvd. Ste 200**  
CITY-ST-ZIP **Wellington, FL 33414**

TITLE **D** ☐ Delete  
NAME **FEAUGAS, JOSE LUIS**  
STREET ADDRESS **1100 LEE WAGENER BLDV. SUITE 208**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE ☒ Change ☐ Addition  
NAME **Feaugas, Jose Luis**  
STREET ADDRESS **12300 South Shore Blvd.**  
CITY-ST-ZIP **Wellington, FL 33414**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/03**  
Date

**361.383.6766**  
Daytime Phone #

CR2E034 (10/02)