

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *V22788*

1. Entity Name

Quinze Corp.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2020 NE 163 Street  
Suite, Apt. #, etc.  
Suite 300

3. Mailing Address

2020 NE 163 Street  
Suite, Apt. #, etc.  
Suite 300

City & State

N.M.B., Florida

City & State

N.M.B., Florida

Zip 33162

Country USA

Zip 33162

Country USA

4. FEI Number

65-0326662

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Kenneth A. Friedman, Esquire

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

2020 NE 163 Street, Suite 300

City

North Miami Beach

FL

Zip Code 33162

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 remitting)

DAIL

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 DPST  
NAME ABELSON, SARI  
STREET ADDRESS 1880 S. Ocean Drive #205W  
CITY-ST-ZIP HALLANDALE, FLA 33009

TITLE  
NAME  
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 on an attachment with an address, with all other like empowered

SIGNATURE: *Sari Abelson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/14/02*

Daytime Phone #

CR2E034B (12/01)

**FILED  
Apr 11, 2002 8:00 am  
Secretary of State**

04-11-2002 90102 029 \*\*\*150.00

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