

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90020 040 \*\*\*150.00

**DOCUMENT # V32944**

1. Entity Name  
**QUANTUM DEVELOPMENT GROUP, INC.**

Principal Place of Business

**2816 E ROBINSON ST  
 STE 200  
 ORLANDO FL 32803  
 US**

Mailing Address

**2816 E ROBINSON ST  
 STE 200  
 ORLANDO FL 32803  
 US**



2. Principal Place of Business

**100 S. BISCAYNE BLVD.  
 Suite 1100**

3. Mailing Address

**SPARC**

DO NOT WRITE IN THIS SPACE

City & State

**MIAMI, FL.**

City & State

4. FEI Number

**59-3133604**

Applied For

Not Applicable

Zip

Country

**33131 USA**

Zip

Country

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

**HOLLO, JEROME  
 2816 E. ROBINSON ST.  
 SUITE 200  
 ORLANDO FL 32803**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VPD  
 HOLLO, JEROME S  
 100 S. BISCAYNE BLVD SUITE 1100  
 MIAMI FL 33131** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 HOLLO, TIBOR  
 100 S. BISC. BLVD, SUITE 100  
 MIAMI FL** ☐ Delete

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

TITLE  
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 CITY-ST-ZIP  
☐ Delete

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 CITY-ST-ZIP  
☐ Change ☐ Addition

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, without other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED Jerome Hollo, Pres**

**4.17.02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)