

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90001 045 \*\*\*158.75

**DOCUMENT # H21831**

1. Entity Name  
**Q & H INVESTMENTS, INC.**

Principal Place of Business Mailing Address  
**2200 EIRLO BRONSON HWY 192** **2200 EIRLO BRONSON HWY 192**  
**STE 201** **STE 201**  
**KISSIMMEE FL 34744** **KISSIMMEE FL 34744**  
**US**

2. Principal Place of Business 3. Mailing Address  
**503 VELLEUX DRIVE** **14603 VELLEUX DRIVE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
**ORLANDO FLORIDA** **ORLANDO FLORIDA**  
 Zip Country Zip Country  
**32837 USA** **32837 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2450537** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**QAYYUM, ABDUL, MD**  
**1108 ANNE ELISA CIR**  
**ST CLOUD 34772-8771**

7. Name and Address of New Registered Agent  
 Name **QAYYUM, MEHER, MD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**14603 VELLEUX DRIVE**  
 City **ORLANDO** FL Zip Code **32837**

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 DATE **02-16-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
**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 <b>VSTD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>ABDUL, QAYYUM D</b>	
STREET ADDRESS <b>2200 E IRLO BRONSON HWY 192, STE 201</b>	
CITY-ST-ZIP <b>KISSIMMEE FL</b>	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>MEHER, QAYYUM D</b>	
STREET ADDRESS <b>2200 EIRLO BRONSON HWY 192, STE 201</b>	
CITY-ST-ZIP <b>KISSIMMEE FL</b>	
TITLE <b>D.</b>	<input type="checkbox"/> Delete
NAME <b>QAYYUM, MOHAMMED S</b>	
STREET ADDRESS <b>2200 EIRLO BRONSON HWY 192, STE 201</b>	
CITY-ST-ZIP <b>KISSIMMEE FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>QAYYUM, ALIYA</b>	
STREET ADDRESS <b>2200 EIRLO BRONSON HWY 192, STE 201</b>	
CITY-ST-ZIP <b>KISSIMMEE FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>QAYYUM, MAHNAZ</b>	
STREET ADDRESS <b>2200 EIRLO BRONSON HWY 192, STE 201</b>	
CITY-ST-ZIP <b>KISSIMMEE FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>QAYYUM, MEHER</b>	
STREET ADDRESS <b>2200 EIRLO BRONSON HWY 192, STE 201</b>	
CITY-ST-ZIP <b>KISSIMMEE FL</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>PRESIDENT DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MEHER, QAYYUM</b>	
STREET ADDRESS <b>14603 VELLEUX DRIVE</b>	
CITY-ST-ZIP <b>ORLANDO FLORIDA 32837</b>	
TITLE <b>VICE PRESIDENT DV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>QAYYUM, MOHAMMED S</b>	
STREET ADDRESS <b>14603 VELLEUX DRIVE</b>	
CITY-ST-ZIP <b>ORLANDO FLORIDA 32837</b>	
TITLE <b>SECRETARY DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>QAYYUM, ALIYA</b>	
STREET ADDRESS <b>14603 VELLEUX DRIVE</b>	
CITY-ST-ZIP <b>ORLANDO FLORIDA 32837</b>	
TITLE <b>TREASURER DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>QAYYUM, MAHNAZ</b>	
STREET ADDRESS <b>14603 VELLEUX DRIVE</b>	
CITY-ST-ZIP <b>ORLANDO FLORIDA 32837</b>	
TITLE <b>DIRECTOR D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>QAYYUM, MEHER JR.</b>	
STREET ADDRESS <b>14603 VELLEUX DRIVE</b>	
CITY-ST-ZIP <b>ORLANDO FLORIDA 32837</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **02-16-00** (407) 816 8169  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (9/99)