

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

0113225

**DOCUMENT # J74168**

1. Entity Name

**QUAM & CO., INC.**

04-10-2001 90071 033 \*\*\*150.00

Principal Place of Business

101 NW 108TH TERRACE  
 201  
 HOLLYWOOD FL 33026  
 US

Mailing Address

101 NW 108TH TERRACE  
 201  
 HOLLYWOOD FL 33026  
 US

2. Principal Place of Business

**1220 SW 115TH AVE**

Suite, Apt. #, etc.

3. Mailing Address

**1220 SW 115TH AVE**

Suite, Apt. #, etc.

City & State

**Pembroke Pines, FL**

Zip

**33025**

Country

**USA**

City & State

**Pembroke Pines, FL**

Zip

**33025**

Country

**US**

4. FEI Number

**59-2819880**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**QUAM, ROBERT K.**  
**101 NW 108TH TERRACE APT 201**  
**PEMBROKE PINES FL 33026**

7. Name and Address of New Registered Agent

Name

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

**1220 SW 115TH AVE**

City

**Pembroke Pines**

**FL**

Zip Code

**33025**

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

**4/3/01**

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, 2001 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 **P** ☐ Delete  
 NAME **QUAM, ROBERT K.**  
 STREET ADDRESS **15215 PLANTATION OAKS DR #4**  
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1220 SW 115TH AVE**  
 CITY-ST-ZIP **Pembroke Pines, FL 33025**

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

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

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

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

TITLE ☐ Change ☐ 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:

**Robert K. Quam** **Robert K. Quam**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/3/01**

Daytime Phone #

**954/392-3020**

CR2E034 (10/00)