

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/2.

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90035 027 \*\*\*150.00

**DOCUMENT # P00000020878**

1. Entity Name

**QUEEN & I, INC.**

Principal Place of Business

Mailing Address

1148 NW 45 AVE.  
 LAUDERHILL FL 33313

1148 NW 45 AVE.  
 LAUDERHILL FL 33313

2. Principal Place of Business

3. Mailing Address

1445 - C NW 40th Ave

1445 - C NW 40th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderhill FL

City & State

Lauderhill FL

4. FEI Number

05-0998866

Applied For

Not Applicable

Zip

33313

Country

USA

Zip

33313

Country

USA

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

Name

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

City

FL

Zip Code

LOBBAN, NORMAN A  
 7220 NW 44TH CT.  
 LAUDERHILL FL 33319

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)

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**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.

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**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	COLLIEE, MARIAN	
STREET ADDRESS	1148 NW 45 AVE.	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	ST	<input type="checkbox"/> Delete
NAME	COLLIEE, JOSEPH	
STREET ADDRESS	1148 NW 45 AVE.	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*Marian Colliee*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 954-587-1577  
 Date Daytime Phone #

CR2E034 (10/00)