FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # P0000079082 1. Entity Name QB PARTNERS, INC.						Jan 31, 2001 8:00 am Secretary of State 01-31-2001 90006 049 ***150.00				
Principal Place of Business 1509 W. SWANN AVENUE #290 TAMPA FL 33606		Mailing Address 1509 W. SWANN AVENUE #280 TAMPA FL 33606								
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State				4. FEI Number 59 366 7872 Applied For Not Applicable				
Zip	Country	Zip	Coun	try		5. Certifi	cate of Status D	_	\$8.75 Add	litional
 	6. Name and Address of Current	Registered Agent		l		. Name	and Address	of New Register	Fee Require ed Agent	<u> </u>
200	OLIFE OLOVIANIED			Name						
	omei, giovanni • W. Swann avenue #280		Street Address			(P.O. Box Number is Not Acceptable)				
TAMPA FL 33606				2504-AW. Azeele			le Stre	Street		
				City —	ande		•	F	L Zip God	609
Tax filing i	Signature, typed or printed name of registered agent or pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After MAY 1, 20 Make Check Payab	!! FEE 01 Fee	IS \$150.0 will be \$5	50.00 t of State	10	Election Cam Trust Fund Co		\$5.0 Added	0 May Be
11.	OFFICERS AND		12.		Γ	ADDITIO	NS/CHANGES	TO OFFICERS A	<u> </u>	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QUILLEN, TONYA B 1509 W. SWANN AVENUE #280 TAMPA FL 33606	☐ Delete			2504 Tang	-A W	s. Azeel L 3360	e Street 9	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOROMEI, GIOVANNI 1509 W. SWANN AVENUE #280 TAMPA FL 33606	☐ Delete		E E EET ADDRESS - ST-ZIP	2504- Tamp	-A W a,FL). Azeele 33609	Street	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							Change	☐ Addition `
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	☐ Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, v	true and accurate and that nowered to execute this report	ny signat	ture shall h	ave the sar	ne legal :	effect as if mad	e under oath; tha	t I am an officer	or director