

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100245

1. Entity Name
QUANTUM INTERNATIONAL MARKETING, CORP.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90135 014 ***150.00

Principal Place of Business
552 NE 34TH COURT
OAKLAND PARK FL 33334

Mailing Address
552 NE 34TH COURT
OAKLAND PARK FL 33334



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2501 E. COMMERCIAL BLVD.
Suite, Apt. #, etc.
209

3. Mailing Address
2501 E. COMMERCIAL BLVD.
Suite, Apt. #, etc.
209

City & State
FT. LAUDERDALE, FL

4. FEI Number
62-1838067

Applied For
Not Applicable

Zip
33308

Country
USA

Zip
33308

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CASORIA, DAVID
552 NE 34TH COURT
OAKLAND PARK FL 33334

7. Name and Address of New Registered Agent
Name
DAVID CASORIA
Street Address (P.O. Box Number is Not Acceptable)
2501 E. COMMERCIAL BLVD.
SUITE 209
City
FT. LAUDERDALE FL Zip Code
33308

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 _____ (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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D CASORIA, DAVID 2041 NE 51ST COURT APT B FT LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENTURA, KENNETH J 4850 NE 28TH AVE FT LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONGO, MICHAEL S 5780 NE 19TH AVE FT LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONGO, PHILLIP J 8791 COUNTRY ROAD 1614A BUSWELL, FL 33513 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: David Casoria DAVID CASORIA 1/19/01 (954) 689-3896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)