## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000087642

Entity Name: QUANTUM FOODS, INC.

FILED Feb 17, 2002 8:00 AM Secretary of State

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
6715 FAIRV ORLANDO,	NAY COVE , FL 32835			
Current Mailing Address:		New Mailing Address:		
6715 FAIRV ORLANDO,	WAY COVE , FL 32835			
FEI Number:	FEI Number Applied For (X) FEI	Number Not Appli	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			Address of New Registered Agent:	
POTAMI, Re 6715 FAIRV ORLANDO, The above in the State	NAY COVE , FL 32835 named entity submits this statement for the purpos	se of changing it	ts registered office or registered agent, or both,	
SIGNATUR	Electronic Signature of Registered Agent		 Date	
Election Cam	tion is eligible to satisfy its Intangible Tax filing requirementage Financing Trust Fund Contribution(). S AND DIRECTORS:		lo so (X). S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D () Delete POTAMI, ROCCO 6715 FAIRWAY COVE ORLANDO, FL 32835 () Delete	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition POTAMI, ROCCO MR 6715 FAIRWAY COVE ORLANDO, FL 32835  S ( ) Change (X) Addition POTAMI, MARY BETH MRS 6715 FAIRWAY COVE DR. ORLANDO, FL 32835 OR	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	T ( ) Change (X) Addition POTAMI, ROCCO MR 6715 FAIRWAY COVE DR ORLANDO, FL 32835 OR	
Title: Name: Address: City-St-Zip:	()Delete	Title: Name: Address: City-St-Zip:	P () Change (X) Addition POTAMI, ROCCO MR 6715 FAIRWAY COVE DR ORLANDO, FL 32835 OR	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition POTAMI, ROCCO MR 6715 FAIRWAY COVE DR ORLANDO, FL 32835 OR	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	O () Change (X) Addition POTAMI, ROCCO MR 6715 FAIRWAY COVE DR ORLANDO, FL 32835 OR	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY BETH POTAMI SECR 02/17/2002