

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000031395

1. Entity Name

TOTAL QUALITY MARKETING INTERNATIONAL, INC.

FILED

Jan 31, 2001 8:00 am  
Secretary of State

01-31-2001 90306 045 \*\*\*150.00

Principal Place of Business

337 BRAZILIAN AVE.  
PALM BEACH FL 33480

Mailing Address

337 BRAZILIAN AVE.  
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

1405 Bishop  
Suite 306

1405 Bishop  
Suite 306

City State  
Montreal Quebec

City State  
Montreal Quebec

H3G 2E4 Canada

H3G 2E4 Canada



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0407439

Applied For  
Not Applicable

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

STEELE, JAN  
337 BRAZILIAN AVE  
PALM BCH FL 33480

Name

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

City

FL

Zip Code

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

Van P. Steele

Jan R. Steele

1/16/01

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME STEELE, JAN R  
STREET ADDRESS 337 BRAZILIAN AVE.  
CITY-ST-ZIP PALM BEACH FL 33480 ☒ Delete

TITLE P  
NAME John Palmer  
STREET ADDRESS 1405 Bishop Suite 306  
CITY-ST-ZIP Montreal Quebec Canada H3G 2E4 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Palmer

1/16/01

514-849-6080

Date

Daytime Phone #

CR2E034 (10/00)