

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90022 040 ***150.00

DOCUMENT # P95000076547

1. Entity Name
QUANTUM RESOURCE MANAGEMENT INTERNATIONAL, INC.

Principal Place of Business
**300 S.W. SEVENTH AVENUE
 FT. LAUDERDALE FL 33312**

Mailing Address
**300 S.W. SEVENTH AVENUE
 FT. LAUDERDALE FL 33312**

738361



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0623683**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PASCAL, ALBERT
 300 S.W. SEVENTH AVENUE
 FT. LAUDERDALE FL 33312**

Name **ALAN PASCAL, ESQ**
 Street Address (P.O. Box Number is Not Acceptable)
1040 Bayview BRWV Ste 112
 City **FT Lauderdale** FL Zip Code **33304**

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 *Maria Magdalena Pascal CEO*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

32901
 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 <input type="checkbox"/> Delete
NAME	PASCAL, ROBERT A
STREET ADDRESS	716 S.W. 16TH ST.
CITY-ST-ZIP	FT. LAUDERDALE FL 33315
TITLE	D <input type="checkbox"/> Delete
NAME	PASCAL, ALBERT
STREET ADDRESS	1506 S.E. 12TH STREET
CITY-ST-ZIP	FT. LAUDERDALE FL 33316
TITLE	<input type="checkbox"/> Delete
NAME	ALAN PASCAL
STREET ADDRESS	SECRETARY/TREAS
CITY-ST-ZIP	1040 Bayview DR Ste 112 FT LAUD FL 33304
TITLE	<input type="checkbox"/> Delete
NAME	MARIA M PASCAL
STREET ADDRESS	300 AVE OF THE PALMS
CITY-ST-ZIP	FT LAUD FL 33312
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"/> 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	
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: *Maria Magdalena Pascal*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

32901
 Date

954 5224080
 Daytime Phone #

CR2E034 (10/00)