

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099673

1. Entity Name
QG INVESTMENTS, INC.

Principal Place of Business
250-110 WAYMONT COURT
LAKE MARY FL 32746

Mailing Address
250-110 WAYMONT COURT
LAKE MARY FL 32746

2. Principal Place of Business
270 WAYMONT COURT

3. Mailing Address
270 WAYMONT COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 110

SUITE 110

City & State
LAKE MARY, FL

City & State
LAKE MARY, FL

Zip
32746

Country
USA

Zip
32746

Country
USA

4. FEI Number 59-3551789

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MANJI, MEHBUB
250-110 WAYMONT COURT
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name MANJI, MEHBUB

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

SUITE 110

City LAKE MARY FL Zip Code 32746

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	MANJI, MEHBUB	
STREET ADDRESS	250-110 WAYMONT COURT	
CITY-ST-ZIP	LAKE MARY FL 32746	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANJI, MEHBUB	
STREET ADDRESS	270 WAYMONT COURT STE 110	
CITY-ST-ZIP	LAKE MARY, FL 32746	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-01

407-330-7383

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90085 010 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)