

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90005 008 ***163.75

DOCUMENT

1. Entity Name
QUEBEC INTERNATIONAL, INC.
P99000007429

Principal Place of Business Mailing Address
1455 N. TREASURE DRIVE SUITE 4B
NORTH BAY VILLAGE
FLORIDA, 33141

2. Principal Place of Business 3. Mailing Address
FLORIDA-CANADA **SAME AS ABOVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **62-1766390** Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GINETTE GIULIANI
1455 N. TREASURE DRIVE
SUITE 4B
NORTH BAY VILLAGE
FLORIDA, 33141

7. Name and Address of New Registered Agent

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 **GINETTE GIULIANI** DATE **MAY 29th 2001**
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!!!
After MAY 1, 2001
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	GINETTE GIULIANI ☐ Delete 1455 N. TREASURE DR. SUITE 4B NORTH BAY VILLAGE FLORIDA, 33141 PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RUFUS E. WOLFF ☐ Delete 900 S. SHACKLEFORD THREE FINANCIAL CENTRE SUITE 401 LITTLE ROCK, ARKANSAS, 72211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: **GINETTE GIULIANI** DATE **MAY 29th 2001** 305-538-0119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)