

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90048 022 ***150.00

0071203 AV

DOCUMENT # K18973



1. Entity Name
BBB QUAIL ROOST PLAZA ASSOCIATES, INC.

Principal Place of Business
**% ARTURO GONZALEZ
11470 QUAIL ROOST DR.
MIAMI FL 33157**

Mailing Address
**% ARTURO GONZALEZ
11470 QUAIL ROOST DR.
MIAMI FL 33157**



2. Principal Place of Business
11492 Quail Roost Dr
Suite, Apt. #, etc.

3. Mailing Address
11492 Quail Roost Dr.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Miami FL
Zip
33157
Country

City & State
Miami FL
Zip
33157
Country

4. FEI Number **59-2293392** 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

**GONZALEZ, ARTURO
11462 QUAIL ROOST DR.
MIAMI FL 33157**

Name
Street Address (P.O. Box Number is Not Acceptable)
11492 Quail Roost Dr
City **Miami** **FL** Zip Code **33157**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

DATE **4/9/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	GONZALEZ, ARTURO
STREET ADDRESS	11468 QUAIL ROOST DR
CITY-ST-ZIP	MIAMI FL 33157
TITLE	D <input type="checkbox"/> Delete
NAME	GONZALEZ, JOSE A.
STREET ADDRESS	11468 QUAIL ROOST DR
CITY-ST-ZIP	MIAMI FL 33157
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11492 QUAIL ROOST DR
CITY-ST-ZIP	Miami FL 33157
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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **4/9/03**
Date Daytime Phone #

CR2E034 (10/02)