

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90061 021 ***150.00

021223 AV

DOCUMENT # K36365

1. Entity Name

J. LUIS QUINTANA & ASSOCIATES, P.A.

Principal Place of Business

338 MINORCCI AVE. *MISSPELLER*
 CORAL GABLES FL 33134
 US

Mailing Address

338 MINORCCI AVE
 CORAL GABLES FL 33134
 US

2. Principal Place of Business

338 MINORCA AVE.

Suite, Apt. #, etc.

3. Mailing Address

338 MINORCA AVE

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

City & State

CORAL GABLES, FL

Zip

33134

Country

US

Zip

33134

Country

US

4. FEI Number

65-0426489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

QUINTANA, J. LUIS
 338 MINORCCI AVE
 CORAL GABLES FL 33134

(MISSPELLED)

7. Name and Address of New Registered Agent

Name

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

MINORCA AVE.

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

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, 2002 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 **PDSV** ☐ Delete
 NAME **QUINTANA, J L**
 STREET ADDRESS **338 MINORCCI AVE**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS *338 MINORCA AVE*
 CITY-ST-ZIP *CORAL GABLES FL 33134*

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

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

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 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 another like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/04/02 *305/446-0300*
 Date Daytime Phone #

CR2E034 (9/01)