

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F42775**

1. Entity Name
TONY QUINTANA FREIGHT FORWARDERS, INC.

FILED

03 JAN 14 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1089 SW 135TH PLACE
Suite, Apt. #, etc.

3. Mailing Address
1089 SW 135TH PLACE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

Zip
33184
Country
U.S.A.

City & State

MIAMI, FLORIDA

Zip
33184
Country
U.S.A.

4. FEI Number
59-2216697

Applied For

Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ANTONIO CARLOS QUINTANA

Street Address (P.O. Box Number is Not Acceptable)
1089 SW 135TH PLACE

City
MIAMI, FL Zip Code
33184

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PRESIDENT ANTONIO CARLOS QUINTANA 1089 SW 135TH PLACE MIAMI, FLA. 33184	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRISTEEN BARBARA QUINTANA V.P. VICE PRESIDENT AND TREASURER 1089 SW 135TH PLACE MIAMI, FLA. 33184	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000010081680 01/14/03--01056--017 **300.00
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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 reports 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 on an attachment with an address, with or without my empowerment.

SIGNATURE: ANTONIO CARLOS QUINTANA - PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DECEMBER 30, 2002 305 221-2343

Date

Daytime Phone #

CR2E034B (12/01)