FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

with all other

## Jul 24, 2001 8:00 am **DOCUMENT #** H27871 Secretary of State 1. Entity Name 07-24-2001 90041 012 \*\*\*150 00 QUINTANA AND ASSOCIATES, INC. Mailing Address Principal Place of Business 1704 NORTH ROOSEVELT BLVD. 1704 NORTH ROOSEVELT BLVD. KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2460316 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee:Required: 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QUINTANA, LOU ANN A. Street Address (P.O. Box Number is Not Acceptable) 1704 N.ROOSEVELT BLVD. KEY WEST FL 33040 Zip Code City FL 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 Fiorida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE \$ \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE QUINTANA, JOSE J. NAME NAME STREET ADDRESS 2171 S.W. 139 COURT STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE VPD ☐ Delete TITLE Change NAME QUINTANA, LOU ANN A. NAME STREET ADDRESS 2171 S.W. 139 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL f - Addition TITLE ☐ Delete TITLE" Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 of 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

Attachment # H 27871

SEGUROS

INSURANCE

Quintana & Assoc., Inc.

1704 N. ROOSEVELT BLVD. KEY WEST, FLORIDA 33040

PHONE 294-6261 294-6278

July 19, 2001

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee FL 32302-1500

To Whom It May Concern,

I am submitting our 2001 report with our check for \$150 since I feel that the original report was not received by our office.

This is the first time since 1982 that we haven't filed on (2) time.

I was told by your office to send a letter of explanation with our check and completed form.

If you have any questions, please contact me.

LouAnn Quintana

Quintana & Assoc., Inc.

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