

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000747

1. Entity Name  
DQB, L.C.

Principal Place of Business

677 S.W. 1 STREET  
MIAMI FL 33130

Mailing Address

P.O. BOX 653109  
MIAMI FL 33265-3109

FILED

2001 MAY -9 PM 12:26

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

677 SW 1st  
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 653109  
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

71-6927072

Applied For

Not Applicable

Zip

33130

Country

USA

Zip

33265-3109

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

QUINTANA, ROBERT  
677 S.W. 1 STREET  
MIAMI FL 33130

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MEM  
NAME QUINTANA, ROBERT  
STREET ADDRESS 677 SW 1 STREET  
CITY-ST-ZIP MIAMI FL 33125 33130 ☐ Delete

TITLE MEM  
NAME BOLUFE, MAGALY  
STREET ADDRESS 677 SW 1 STREET  
CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE MEM  
NAME MAGALY QUINTANA  
STREET ADDRESS 677 SW 1st  
CITY-ST-ZIP MIAMI FL 33130 ☒ Change ☐ Addition

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

305.548-3483