

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

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90725 023 ***150.00

DOCUMENT # *M09165*

1. Entity Name

J. QUINTANA CORP

DO NOT WRITE IN THIS SPACE

80054429

2. Principal Place of Business

8004 NW 154 ST

3. Mailing Address

8004 NW 154 ST

Suite, Apt. #, etc.

243

Suite, Apt. #, etc.

243

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33012

Country

U.S.A.

Zip

33012

Country

U.S.A.

4. FEI Number

59-2473186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JORGE QUINTANA

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

8004 NW 154 ST, SUITE 243

City

MIAMI

FL

Zip Code

33016

**DO NOT WRITE
IN THIS SPACE**

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]

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

(NOTE: Registered Agent signature required when reinstating)

2-27-02

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

*PRESIDENT
JUAN B. QUINTANA*

STREET ADDRESS

400 W 29 ST

CITY-ST-ZIP

HALEAH, FL 33012

TITLE
NAME

*VICE-PRESIDENT
DIGNA QUINTANA*

STREET ADDRESS

400 W 29 ST

CITY-ST-ZIP

HALEAH, FL 33012

TITLE
NAME

*TREASURER
JORGE L. QUINTANA*

STREET ADDRESS

400 W 29 ST

CITY-ST-ZIP

HALEAH, FL 33012

TITLE
NAME

[Blank]

STREET ADDRESS

[Blank]

CITY-ST-ZIP

[Blank]

TITLE
NAME

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STREET ADDRESS

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CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME

[Blank]

STREET ADDRESS

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CITY-ST-ZIP

[Blank]

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-02

Date

Daytime Phone #

CR2E034B (12/01)