

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M34789

1. Entity Name

OLGA QUINONES AND ASSOC., INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90034 033 ***150.00

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| OLGA QUINONES N.W. 72ND AVE., SUITE 3D1 FL 33126 | % OLGA QUINONES 777 NW 72 AVE STE 3D1 MIAMI FL 33126-3029 US |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | |
|---------------|------------|----------------|
| 4. FEI Number | 59-2738985 | Applied For |
| | | Not Applicable |

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

6. Name and Address of Current Registered Agent

QUINONES, OLGA L.
777 N.W. 72ND AVE.
STE 3D1
MIAMI FL 33126

7. Name and Address of New Registered Agent

| | |
|--|------------------------------|
| Name | OTMARA DIAZ COOPER |
| Street Address (P.O. Box Number is Not Acceptable) | 777 N.W. 72 Ave., STE. 3AA25 |
| City | Miami |
| FL | Zip Code 33126 |

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 | <i>Otmara Diaz Cooper</i> | DATE | 2/14/00 |
| Signature, typed or printed name of registered agent and type if applicable | | (NOTE: Registered Agent signature required when reinstating) | |

| | | | | | |
|--|--------------------------|---|--|--------------------------|-----------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) | <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|--------------------------|---|--|--------------------------|-----------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|-----------------------|---|----------------------------|
| TITLE | PTS | TITLE | PTS |
| NAME | QUINONES, OLGA | NAME | OTMARA DIAZ COOPER |
| STREET ADDRESS | 777 NW 72ND AVE, #3D1 | STREET ADDRESS | 777 N.W. 72 Ave, STE 3AA25 |
| CITY-ST-ZIP | MIAMI FL | CITY-ST-ZIP | Miami, FL 33126 |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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 all other like empowered.

| | | | | | |
|--|----------------------|------|---------|-----------------|--------------|
| SIGNATURE: | <i>Olga Quinones</i> | DATE | 2/13/00 | DAYTIME PHONE # | 305/264-3828 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

CR2E034 (9/99)