

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003222

1. Entity Name

DON QUIXOTE FOUNDATION, INC.

Principal Place of Business

905 BRICKELL BAY DRIVE
UNIT 230
MIAMI FL 33131

Mailing Address

905 BRICKELL BAY DRIVE
UNIT 230
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MARTINEZ, MANUEL
905 BRICKELL BAY DRIVE
UNIT 230
MIAMI FL 33131

4. FEI Number

65-0922838

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

T
NAME MARTINEZ, MANUEL
STREET ADDRESS 905 BRICKELL BAY DR UNIT 230
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

T
NAME GARCIA, MARIA M
STREET ADDRESS 591 SE 7TH AVE
CITY-ST-ZIP HIALEAH FL 33010 ☐ Delete

T
NAME LAGO, MAIDELYN
STREET ADDRESS 1890 W 56TH ST #1205
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

☐ Delete

☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-02 305-379-6151



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)