

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-01-2002 90157 003 ***150.00

0140374 AV

DOCUMENT # P00000042882

1. Entity Name
THE AQUINO COMPANY

Principal Place of Business 17399 N.W. 61 COURT CIR. STE. A MIAMI FL 33015	Mailing Address 17399 N.W. 61 COURT CIR. STE. A MIAMI FL 33015
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1002563		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
AQUINO, JOSE R JR. 17339-A N.W. 61 COURT CIRCLE MIAMI LAKES FL 33015				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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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, 2002 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
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AQUINO, JOSE R			NAME	Aquino, Jose R		
STREET ADDRESS	1455 NW 14TH ST			STREET ADDRESS	17339-A N.W. 61 ct cir		
CITY-ST-ZIP	MIAMI FL 33125			CITY-ST-ZIP	Miami Lakes, FL 33015		
TITLE	DST	<input type="checkbox"/> Delete		TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORTIZ, NINETTE M			NAME	ortiz, Ninnette M		
STREET ADDRESS	1455 NW 14TH ST			STREET ADDRESS	17339-A N.W. 61 ct cir		
CITY-ST-ZIP	MIAMI FL 33125			CITY-ST-ZIP	Miami Lakes, FL 33015		
TITLE	DV	<input type="checkbox"/> Delete		TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEDRANO, MELANIA			NAME	Medrano, Melania		
STREET ADDRESS	1455 NW 14TH ST			STREET ADDRESS	17339-A N.W. 61 ct cir		
CITY-ST-ZIP	MIAMI FL 33125			CITY-ST-ZIP	miami Lakes, FL 33015		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: **DATE:** 2/21/02 **DAYTIME PHONE #:** 305.557.7273

CP2E034 (9/01)