

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90059 034 \*\*\*150.00

0044396 AV

**DOCUMENT # P98000030898**

1. Entity Name

**WELLINGTON & QUINTANA, INC.**



Principal Place of Business  
**880 N.E. 69TH STREET #5M**  
**MIAMI FL 33138**  
**US**

Mailing Address  
**880 N.E. 69TH STREET #5M**  
**MIAMI FL 33138**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0825539**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WELLINGTON, MARLENE E**  
**880 N.E. 69TH STREET #5M**  
**MIAMI FL 33138**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 10, 2003. Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP**  
**WELLINGTON, MARLENE E**  
**880 N.E. 69TH STREET #5M**  
**MIAMI FL 33138**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DTS**  
**QUINTANA, MARIBEL L**  
**940 BIARRITZ DRIVE APT. 7**  
**MIAMI BEACH FL 33141**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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 607, 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

**WELLINGTON, MARLENE E**  
Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

**09.05.03 305.766.668**

CR2E034 (4/03)

*Attachment*  
*80146117*  
**Nelvis Iglesias**  
Certified Public Accountant.

11840 S.W. 34 Street  
Miami, Florida 33175

TEL (305) 226-2326  
FAX (305) 485-3281

September 3, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Wellington & Quintana, Inc.  
FIN: 65-0825539

Dear Sirs:

My client of reference has received an Annual Report Form with a required payment of \$550.00 to be made before September 10, 2003. This fee is \$400.00 above the regular annual fee of \$150.00. My client did not receive any prior notices to this one.

The \$400.00 fee increase presents a financial burden for this small business. Please consider that this corporation has timely paid and filed each annual report since its inception in 1998. We are hereby requesting your consideration in waiving this \$400.00 increase this one time. Enclosed please find a signed annual report and check payable to the Department of State. Please advise us of your decision at your earliest convenience.

Thank you for your time on this matter.

Sincerely,

*Nelvis Iglesias, CPA*  
Nelvis Iglesias, C.P.A.

Encls.

cc: Wellington & Quintana, Inc.