

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91333 015 ***150.00

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DOCUMENT # P98000103079

1. Entity Name
A.Q. FLORIDA TOURS & TRANSPORTATION INC.



Principal Place of Business
2201 S. OCEAN DRIVE
SUITE 2605
HOLLYWOOD FL 33019

Mailing Address
2201 S. OCEAN DRIVE
SUITE 2605
HOLLYWOOD FL 33019



2. Principal Place of Business

5313 COLLINS AV.

3. Mailing Address

Same

(Suite, Apt. #, etc.)

(Suite, Apt. #, etc.)

City & State

South Miami Beach

City & State

Same

Zip

33140

Country

ade

Zip

Same

Country

Same

4. FEI Number **65-0880725**

Applied For
☒ **Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

✓ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

QUINTEROS, ARNALDO A
2201 S. OCEAN DRIVE
SUITE 2605
HOLLYWOOD FL 33019

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. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	QUINTEROS, ARNALDO A	
STREET ADDRESS	2201 S. OCEAN DRIVE, SUITE 2605	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	QUINTEROS, GAIL L	
STREET ADDRESS	2201 S. OCEAN DRIVE, SUITE 2605	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Arnaldo Quinteros

04-25-03

7862856648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)