

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90026 025 ***150.00

DOCUMENT # P99000021266**1. Entity Name**

BONANZA QUAIL, CORP

Principal Place of Business**Mailing Address**15625 SOUTH WEST 168th AVENUE
MIAMI FL 3318715625 SOUTH WEST 168THAV
MIAMI FL 33187-1343**2. Principal Place of Business****3. Mailing Address**

3400 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 600

City & State

City & State

MIAMI FL 33145-3053

Zip

Country

Zip

Country

4. FEI Number

65-0900706

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

658526

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**

VEGA ELIETZER

15625 SOUTH WEST 168th AVENUE
MIAMI FL 33187

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

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.** ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing**
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	VEGA ELIETZER	
STREET ADDRESS	15625 SOUTH WEST 168th AVENUE	
CITY-ST-ZIP	MIAMI FL 33187	

TITLE	V	<input type="checkbox"/> Delete
NAME	GARCES, ALIRIO	
STREET ADDRESS	15625 SOUTH WEST 168th AVENUE	
CITY-ST-ZIP	MIAMI FL 33187	

TITLE	SD	<input type="checkbox"/> Delete
NAME	PARRA, MARIA C	
STREET ADDRESS	15625 SOUTH WEST 168th AVENUE	
CITY-ST-ZIP	MIAMI FL 33187	

TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
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 an other life empowered.**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA C. PARRA SECRETARY 04-22-2002 305-446-2055

Date

Daytime Phone #

CR2E034 (11/00)