

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000068597**

1. Entity Name

QUINTERO'S SUNSHINE ASSOCIATION, INC.**FILED**
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90260 039 ***150.00

Principal Place of Business

Mailing Address

6960 RUE VENDOME
MIAMI BEACH FL 331416960 RUE VENDOME
MIAMI BEACH FL 33141-2903

00031512



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0938928

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CANO, JANET
5222 SOUTHWEST 154 PLACE
MIAMI FL 33185

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]*

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	QUINTERO, SONIA	2034 ASHBY AVENUE, #12	BERKLEY CA 94703	<input type="checkbox"/>
VD	QUINTERO, GERMAN	5222 SW 154 PLACE	MIAMI FL 33185	<input type="checkbox"/>
SD	CANO, JANET	5222 SW 154 PLACE	MIAMI FL 33185	<input type="checkbox"/>
TD	NELSON QUINTERO, LUIS	9332 SW 169 AVE.	MIAMI FL 33196	<input type="checkbox"/>
D	PERDOMO DE QUINTERO, CONCEPCION	9332 SW 169 AVE.	MIAMI FL 33196	<input type="checkbox"/>
D	QUINTERO, MARTHA CECILIA	9332 SW 169 AVENUE	MIAMI FL 33196	<input type="checkbox"/>

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

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-24-00

CR2E034 (9/99)