

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90032 019 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000068597
1. Entity Name QUINTERO'S SUNSHINE ASSOCIATION, INC.

Principal Place of Business 6960 RUE VENDOME MIAMI BEACH FL 33141	Mailing Address 6960 RUE VENDOME MIAMI BEACH FL 33141
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0938928	Applied For
	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CANO, JANET 5222 SOUTHWEST 154 PLACE MIAMI FL 33185

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.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	QUINTERO, SONIA
STREET ADDRESS	2034 ASHBY AVENUE, #12
CITY-ST-ZIP	BERKLEY CA 94703
TITLE	VD <input type="checkbox"/> Delete
NAME	QUINTERO, GERMAN
STREET ADDRESS	5222 SW 154 PLACE
CITY-ST-ZIP	MIAMI FL 33185
TITLE	SD <input type="checkbox"/> Delete
NAME	CANO, JANET
STREET ADDRESS	5222 SW 154 PLACE
CITY-ST-ZIP	MIAMI FL 33185
TITLE	TD <input type="checkbox"/> Delete
NAME	NELSON QUINTERO, LUIS
STREET ADDRESS	9332 SW 169 AVE.
CITY-ST-ZIP	MIAMI FL 33196
TITLE	D <input type="checkbox"/> Delete
NAME	PERDOMO DE QUINTERO, CONCEPCION
STREET ADDRESS	9332 SW 169 AVE.
CITY-ST-ZIP	MIAMI FL 33196
TITLE	D <input type="checkbox"/> Delete
NAME	QUINTERO, MARTHA CECILIA
STREET ADDRESS	9332 SW 169 AVENUE
CITY-ST-ZIP	MIAMI FL 33196

12. 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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.		
SIGNATURE	DATE 01-05-01	DAYTIME PHONE # (305) 225 0531 / (305) 525 5163
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

CR2E034 (10/00)