

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90693 011 \*\*\*150.00

0227512 AV

**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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**5222 SW 154 PL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Miami FL 33185**

City & State

City & State

4. FEI Number

**65-0938928**

Applied For

Not Applicable

Zip

Country

Zip

**33185**

Country

**Miami, FL**

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

**CANO, JANET  
5222 SOUTHWEST 154 PLACE  
MIAMI FL 33185**

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, 2002 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 ☐ Delete  
NAME **PD**  
STREET ADDRESS **QUINTERO, SONIA**  
CITY-ST-ZIP **2034 ASHBY AVENUE, #12**  
**BERKLEY CA 94703**

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

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **QUINTERO, GERMAN**  
CITY-ST-ZIP **5222 SW 154 PLACE**  
**MIAMI FL 33185**

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

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **CANO, JANET**  
CITY-ST-ZIP **5222 SW 154 PLACE**  
**MIAMI FL 33185**

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

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **NELSON QUINTERO, LUIS**  
CITY-ST-ZIP **9332 SW 169 AVE.**  
**MIAMI FL 33196**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **PERDOMO DE QUINTERO, CONCEPCION**  
CITY-ST-ZIP **9332 SW 169 AVE.**  
**MIAMI FL 33196**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **QUINTERO, MARTH CECILIA**  
CITY-ST-ZIP **9332 SW 169 AVENUE**  
**MIAMI FL 33196**

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Janet Cano*

Date

Daytime Phone #

**4/3/02 (305) 867-6507**

CR2E034 (9/01)