

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099261

1. Entity Name

WILLSONY INC

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90040 012 \*\*\*150.00

Principal Place of Business

Mailing Address

16909 N. Bay Rd  
No. 117  
N. Miami Beach, FL 33160

2. Principal Place of Business

3. Mailing Address

16909 N. Bay Rd

Suite, Apt. #, etc.

117

City & State

N. Miami Beach, FL

Zip

Country

33160

Dade

Zip

Country

4. FEI Number

65-0961031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

00061932

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SONIA QUINTERO

16909 N. Bay Rd

No. 117

N. Miami Beach, FL 33160

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/16/00

DATE

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 State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

President/Treasurer ☐ Delete

Sonia Quintero

16909 N. Bay Rd No. 117

N. Miami Beach, FL 33160

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

Vice-President/Secretary ☐ Delete

William Arturo Quintero

16909 N. Bay Rd No. 117

N. Miami Beach, FL 33160

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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:

Sonia Quintero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/00

Date

305-470-7504

Daytime Phone #