

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90043 028 \*\*\*150.00

**DOCUMENT #** P99000107021

1. Entity Name

Quisqueya Store Corp.

Principal Place of Business

Mailing Address

3028 N.W. 17th Ave.  
 Miami, FL 33142-6159

3028 N.W. 17th Ave.  
 Miami, FL 33142-6159

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0996119

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

Brinez, Luis J.  
 6484 Indian Creek Dr., Apt. 117  
 Miami Beach, FL 33141

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

TITLE D/P/S  
 NAME Zapata, Marleny ☒ Delete  
 STREET ADDRESS 6484 Indian Creek Dr., Apt. 117  
 CITY - ST - ZIP Miami Beach, FL 33141

TITLE D/T  
 NAME Brifiez, Luis J. ☐ Delete  
 STREET ADDRESS 6484 Indian Creek Dr., Apt. 117  
 CITY - ST - ZIP Miami Beach, FL 33141

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE D/S  
 NAME Brinez, Luis J. ☒ Change ☐ Addition  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE D/P  
 NAME Lopez, Stella ☐ Change ☒ Addition  
 STREET ADDRESS 6484 Indian Creek Dr., Apt. 117  
 CITY - ST - ZIP Miami Beach, FL 33141

TITLE D/T  
 NAME Brinez, Luis M. ☐ Change ☒ Addition  
 STREET ADDRESS 6484 Indian Creek Dr., Apt. 117  
 CITY - ST - ZIP Miami Beach, FL 33141

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

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, upon an attachment with an address, with all other like empowered.

**SIGNATURE:**

Luis J. Brinez

4-10-01

305-635-4252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #