

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90089 035 ***150.00

DOCUMENT # P99000110879

1. Entity Name

QUINTA AVENIDA PARTNERS, INC.

Principal Place of Business

1570 MADRUGA AVE., SUITE 200
 CORAL GABLES FL 33146

Mailing Address

1570 MADRUGA AVE., SUITE 200
 CORAL GABLES FL 33146

2. Principal Place of Business

1401 Brickell Ave

Suite, Apt. #, etc.

Suite 530

City & State

Miami FL

Zip

33131

Country

USA

3. Mailing Address

1401 Brickell Ave

Suite, Apt. #, etc.

Suite 530

City & State

Miami FL

Zip

33131

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0985330

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

O'NAGHTEN, JUAN T

1570 MADRUGA AVE., SUITE 200
 CORAL GABLES FL 33146

Address
 only →

7. Name and Address of New Registered Agent

Name

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

1401 Brickell Avenue, Suite 530

City
 Miami

FL

Zip Code
 33131

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

TITLE	P	<input type="checkbox"/> Delete
NAME	DOWING, WILLIAM	
STREET ADDRESS	1570 MADRUGA DUE STE 200	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PARAJON, LUIS	
STREET ADDRESS	1570 MADIUGA AVE STE 200	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		address only
STREET ADDRESS	1401 Brickell Ave Suite 530	
CITY-ST-ZIP	Miami FL 33131	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		address only
STREET ADDRESS	1401 Brickell Ave Suite 530	
CITY-ST-ZIP	Miami FL 33131	
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.

CR2E034 (9/01)