

05-15-2002 90104 026 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00.00.0079141
 1. Entity Name
QUINTANA HOLDINGS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1800 S.W. 1ST Street</u>		3. Mailing Address <u>1800 S.W. 1ST Street</u>	
Suite, Apt. #, etc. <u>Suite 212</u>		Suite, Apt. #, etc. <u>Suite 212</u>	
City & State <u>Miami, FL</u>		City & State <u>Miami, FL</u>	
Zip <u>33135</u>	Country <u>U.S.</u>	Zip <u>33135</u>	Country <u>U.S.</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1048186</u>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name <u>WILFREDO QUINTANA</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1800 S.W. 1ST Street, #212</u>
City <u>Miami</u> FL Zip Code <u>331</u>

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 Wilfredo Quintana DATE 4-25-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PSD</u> <u>WILFREDO O. QUINTANA</u> <u>6301 Collins Ave, #2707</u> <u>Miami Beach, FL 33141</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VPDT</u> <u>JEFF QUINTANA</u> <u>6301 Collins Ave, #2707</u> <u>Miami Beach, FL 33141</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Wilfredo Quintana DATE 4-25-02 DAYTIME PHONE # 305-541-0666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)