

05-05-2003 91415 014 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000079141		
1. Entity Name QUINTANA HOLDINGS, INC.		
Principal Place of Business 1800 SW 1 STREET SUITE 212 MIAMI, FL 33135		Mailing Address 1800 SW 1 STREET SUITE 212 MIAMI, FL 33135
2. Principal Place of Business 2057 71 Street State, Apt. #, etc.		3. Mailing Address 2057 71 Street State, Apt. #, etc.
City & State Miami Beach, FL		City & State Miami Beach, FL
Zip 33141		Country U.S.
4. FEI Number 85-1045186		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent QUINTANA, WILFREDO 1800 SW 1 STREET SUITE 212 MIAMI, FL 33135		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2057 71 Street City Miami Beach FL Zip Code 33141
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Wilfredo Quintana</i> DATE: 4-28-03		
<input type="checkbox"/> Signature, in whole or in part, of registered agent and shall be applicable.		<input type="checkbox"/> (NOTE: Registered Agent signature required when alternating)
<input type="checkbox"/> Signature, in whole or in part, of registered agent and shall be applicable.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD QUINTANA, WILFREDO O 6301 COLLINS AVE, #2707 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D QUINTANA, JEFF 6301 COLLINS AVE, #2707 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 (employer) to whom this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like or power.		
SIGNATURE: <i>Wilfredo Quintana</i>		DATE: 4-28-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date

11040287



CHECK HERE IF MAKING CHANGES

CR-2034 (1/0/02)