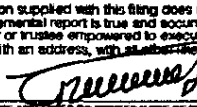


FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90212 044 ***150.00

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

DOCUMENT # P01000004150			
1. Entity Name FERNANDO QUINTERO, INC.			
Principal Place of Business 3718 SAN SIMEON CIRCLE WESTON, FL 33331		Mailing Address 3718 SAN SIMEON CIRCLE WESTON, FL 33331	
2. Principal Place of Business 4158 FOREST DRIVE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State WESTON, FL		City & State	
Zip 33332	Country US	Zip	Country
4. FEI Number 65-1065993		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUINTERO, FERNANDO 3718 SAN SIMEON CIRCLE WESTON, FL 33331		7. Name and Address of New Registered Agent Name QUINTERO FERNANDO Street Address (P.O. Box Number is Not Acceptable) 4158 FOREST DRIVE City WESTON FL 33332	
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 _____ Signature, typed or printed name of registered agent, and state if applicable. (PORE Registered Agent required when submitting) DATE _____			
		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD QUINTERO, FERNANDO 3718 SAN SIMEON CIRCLE WESTON, FL 33331 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINTERO FERNANDO 4158 FOREST DRIVE WESTON FL 33332 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not justify for the exemption stated in Section 119.07(3)(1), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with state of residence, empowered.			
SIGNATURE: 		04/08/03 954659 9040	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

10066207



☐ CHECK HERE IF MAKING CHANGES

CH2E034 (10/02)