UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087095

1. Entity Name QUINTANA ENTERPRISE, INC.

FILED
00 SEP 21 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1800 S.W. 1st street ste. 212 Miami, FL 33135	1800 S.W. 1st street ste. 212 Miami, FL 33135

2. Principal Place of Business		3. Mailing Address	
1800 S.W. 1st street		1800 S.W. 1st street	
Suite, Apt. #, etc. ste. 212		Suite, Apt. #, etc. ste. 212	
City & State Miami, FL 33135		City & State Miami, FL 33135	
Zip 33135	Country	Zip 33135	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0885326 ☐ Applied For ☐ Not Applicable

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
WILFREDO O. QUINTANA 1800 S.W. 1st street ste. 212 Miami, FL 33135	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

FILE NOW FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D - OSVALDO E. QUINTANA 1800 S.W. 1st street, ste. 212 Miami, FL 33135 ☐ 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 800003409020--4 -03/23/00--01016--003 ****550.00 ****550.00
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CR2E037 (8/99)

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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] Director, Osvaldo E. Quintana

TOTAL P.01