FLORIDA UNIFORM BUSINESS REPORT (UBR) – AMENDED

DOCUMENT # P99000067553

1. Entity Name: QUINTANA ENTERPRISES 3, INC.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
99675 Overseas Hwy. Key Largo, FL 33037	

2. Principal Place of Business	3. Mailing Address
99675 Overseas Hwy.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key Largo, FL	City & State
Zip: 33037 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0936869 ☐ 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 99675 Overseas Hwy. Key Largo, FL 33037	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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NUMBER (If known)

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	WILFREDO O. QUINTANA – ☒ Delete PD	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDS OSWALD QUINTANA 1800 SW. 1st Street, ste. 212 Miami, FL 33135 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OSVALDO E. QUINTANA ☒ Delete TSD	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WILFREDO O. QUINTANA ☐ Change ☒ Addition T-VP-D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000003408270--1 09/28/00--01031--003 *****61.25
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition SP

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 _____ Oswald Quintana, President

CR2E031 (9/00)

TOTAL P.01