FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2002 8:00 am Secretary of State

OMITORIA DOSINESS RELIGICIONI (OSIG			05-15-2002 90103 037 ***150.00	
DOCUMENT # P9900067553				
1. Entity Name QUINTANA ENT	_	1010		
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2. Principal Place of Business 3	. Mailing Address		•	
99675 Overseas Hwy.	99675 Over	rseas Hus	ł	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	,	DO NOT WRITE IN THIS SP.	ACE
			A EGIAL	. Applied For
City & State	City & State	=1 '	4. FEI Number 650936868	Not Applicable
Key Largo, FL	Key Largo, F		¢	8.75 Additional
Zip Country	33037 Cou	[™] ひ.S.		ee Required
33037 U.S.	<u>3505 t </u>	<u> </u>	7. Name and Address of Current Registered A	
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DO NOT WR		Street Address (P.O. Box Number is Not Acceptable)	
IN THE CDA	CE			
IN THIS SPA	NCE :	6301	Collins Ave, #	2707
		City	· O I EI	Zip Code
ali di			ni Beach 'FL	33 14 1
8. The above named entity submits this statement for th	e purpose of changing its registe	ered office or register	ed agent, or both, in the State of Florida.	
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Whata (de the	_	4-25- (when rainslating) DATE	02
SIGNATURE Signature, typed or printed teme of registered agent and to	itle if applicable. (NOTE: Registe	red Agent signature required	when reinstating) DATE	
	January 1 - May 1 1	Fee is \$150.00		
9. This corporation is eligible to satisfy its Intangible	After May 1, Fee	is \$550.00	10. Election Campaign Financing	\$5.00 May Be
Tax filing requirement and elects to do so. (See criteria on back)	Amended UBR Make Check Payable to I	l is \$61.25	Trust Fund Contribution.	Added to Fees
\	The state of the s	Department of Sta		
11. OFFICERS AND DIF		TLE T		
THE PS		ME .		
NAME WILFREDO O. QU		REET ADDRESS		
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CITY-ST-ZIP MIAMI, FL 3313		mr.		
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CITY-S7-ZIP			. 6	
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CITY-ST-ZIP		TY-ST-ZIP		if the the information
13. I hereby certify that the information supplied with the	is filing does not qualify for the e	exemption stated in S	ection 119.07(3)(i), Florida Statutes. I further certi same legal effect as if made under oath: that I a	ry that the information man officer or director
13. i hereby certify that the information supplied with the indicated on this report or supplemental report is to of the corporation or the receiver or trustee empore attachment with an address, with all other like empore the corporation of the research of the resear	vered to execute this report as r	equired by Chapter	507, Florida Statutes; and that my name appears	in Block 11 or on an
attachment with an address, with all other like emp	gwarded.			į
	1.1/1/ -	/		5-541-0666
SIGNATURE:	NTED NAME OF SIGNING OFFICER OR DIR	ECTOR	Date Da	sytime Phone #
SIGNATURE AND TIPED OFFICE	ALED SAME OF ASSUING ALLIANS OF DIE			