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May 05, 2003 8:00 am
Secretary of State

05-05-2003 91894 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067553

1. Entity Name
QUINTANA ENTERPRISES 3, INC.

Principal Place of Business	Mailing Address
99675 OVERSEAS HWY KEY LARGO, FL 33037	99675 OVERSEAS HWY KEY LARGO, FL 33037

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

[X] CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0936868 ☐ 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
QUINTANA, WILFREDO O ~~6301 COLLINS AVE, #2707~~ ~~MIAMI BEACH, FL 33141~~	Name Street Address (P.O. Box Number is Not Acceptable) 99675 Overseas Hwy. City Key Largo FL Zip Code 33037

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] 4-28-03.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	VPS QUINTANA, WILFREDO O ~~1900 SW 1 STREET, #212~~ ~~MIAMI, FL 33135~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Quintana, Wilfredo 99675 Overseas Hwy. Key Largo, FL 33037 [X] Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD QUINTANA, OSVALDO E ~~1900 SW 1 STREET, #212~~ ~~MIAMI, FL 33135~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Quintana, Oswald 99675 Overseas Hwy. Key Largo, FL 33037 [X] 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 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 607, 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: [signature] 4-28-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)