

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

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90040 039 ***158.75

DOCUMENT # 997000005010
1. Entity Name CONTINGENCY CORPORATION ✓

DO NOT WRITE IN THIS SPACE

851661

2. Principal Place of Business 8201 SW 1ST AVE. 3. Mailing Address 8306 Mills DR.
Suite APT. 503 Suite, P.O. #, etc. PMB 637
City, State MIAMI, FL City, State MIAMI, FL

DO NOT WRITE IN THIS SPACE

33193 Country DADE 33183-4838 Country USA

4. FFL Number 650785984 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name STEPHEN D. CANCEL
Street Address (P.O. Box Numbers Not Acceptable) 8201 SW 1ST AVE.
APT. 503
City MIAMI FL 33193

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>STEPHEN D. CANCEL</u> <u>8306 Mills DR. PMB 637</u> <u>MIAMI, FL 33183-4838</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] APR 29, 02 505 388 3543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #