

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

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90316 001 \*\*\*750.00

DOCUMENT # **K52841**

1. Entity Name  
**Contadina, Inc.**

**-36869**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**7700 NW 73 Court**  
Suite, Apt. #, etc.  
**Medley, Florida 33166**  
City & State

3. Mailing Address  
**7700 NW 73 Ct.**  
Suite, Apt. #, etc.  
**Medley, Florida 33166**  
City & State

DO NOT WRITE IN THIS SPACE  
**02-13-02 90316 001 \$150.00**  
4. FEI Number  
**52-1053339**  
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 **Ida Valdes**  
Street Address (P.O. Box Number Is Not Acceptable!)  
**C/O VALDES**  
**7700 NW 73rd Court**  
City **Medley, FL** Zip Code **33166**

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]*  
Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<b>Director/President</b>	<b>Juan Jose Anton</b>	<b>7700 NW 73 Court</b>	<b>Miami, Florida 33166</b>				
<b>Director/Vice President</b>	<b>Patricia Anton</b>	<b>7700 NW 73 Court</b>	<b>Miami, Florida 33166</b>				
<b>Director/Secretary</b>	<b>Jose Anton</b>	<b>7700 NW 73 Court</b>	<b>Miami, Florida 33166</b>				

**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-29-02**  
DATE

Daytime Phone #

CR2E034B (12/01)