2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND PIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **F95000005676** Aug 01, 2000 8:00 am Secretary of State FONTAN ASSOCIATES, INC. 08-01-2000 90005 033 ***550.00 Principal Place of Business Mailing Address 531-A SERGIO CUEVAS 531-A SERGIO CUEVAS HATO REY PR 00918 HATO REY PR 00918 OC 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 66-0401422 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZORRILLA, JUAN C ESQ Street Address (P.O. Box Number is Not Acceptable) ONE S.E. THIRD AVENUE., SUITE 2200 MIAMI FL 33131 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CPT ☐ Addition ☐ Change TITLE ☐ Delete TITLE SIFONTES, ORVAL E NAME NAME STREET ADDRESS 531-A SERGIO CUEVAS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HATO REY PR 00918 Change ☐ Addition ☐ Delete TITLE SIFONTES, MARIA D NAME STREET ADDRESS 531-A SERGIO CUEVAS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HATO REY PR 00918 Change ☐ Addition TITLE ☐ Delete TITLE NAME JOVE, SAMUEL H NAME STREET ADDRESS FEDERICO COSTA FINAL #1046, TRES MONJITAS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HATO REY PR 00917 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address



LAW OFFICES

MITRANI, RYNOR, ADAMSKY, MACAULAY & ZORRILLA, P.A.

2200 SUNTRUST INTERNATIONAL CENTER
ONE SOUTHEAST THIRD AVENUE
MIAMI, FLORIDA 33131

TELEPHONE (305) 358-0050 TELECOPIER (305) 358-0550

July 27, 2000

FEDERAL EXPRESS

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Re: Medical Center Parking Associates, Ltd., and

Fontan Associates

Gentlemen:

Enclosed please find the following documents:

- 1. 2000 Uniform Business Report for Fontan Associates, Inc.;
- 2. a check in the amount of \$550.00 for the filing fee for Fontan Associates, Inc.;
- 3. 2000 Uniform Business Report for Medical Center Parking Associates, Ltd.; and
- 4. a check in the amount of \$926.25 for the filing fee for Medical Center Parking Associates, Ltd.

If you have any questions, please call me.

Sincerely,

Stefan Pigan

Enclosure SP/sm