

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005676

1. Entity Name  
**FONTAN ASSOCIATES, INC.**

**FILED**  
**Aug 01, 2000 8:00 am**  
**Secretary of State**

08-01-2000 90005 033 \*\*\*550.00

Principal Place of Business <b>531-A SERGIO CUEVAS HATO REY PR 00918 OC</b>	Mailing Address <b>531-A SERGIO CUEVAS HATO REY PR 00918 OC</b>
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>66-0401422</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**ZORRILLA, JUAN C ESQ  
ONE S.E. THIRD AVENUE., SUITE 2200  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	<b>CPT</b>	<input type="checkbox"/> Delete
NAME	<b>SIFONTES, ORVAL E</b>	
STREET ADDRESS	<b>531-A SERGIO CUEVAS</b>	
CITY-ST-ZIP	<b>HATO REY PR 00918</b>	
TITLE	<b>CV</b>	<input type="checkbox"/> Delete
NAME	<b>SIFONTES, MARIA D</b>	
STREET ADDRESS	<b>531-A SERGIO CUEVAS</b>	
CITY-ST-ZIP	<b>HATO REY PR 00918</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>JOVE, SAMUEL H</b>	
STREET ADDRESS	<b>FEDERICO COSTA FINAL #1046, TRES MONJITAS</b>	
CITY-ST-ZIP	<b>HATO REY PR 00917</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: **7/11/2000** Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)

attachment

F45000005676  
A0070539

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**

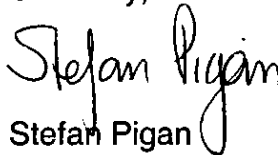
Gentlemen:

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