

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90117 011 ***150.00

DOCUMENT # F95000005676

1. Entity Name
FONTAN ASSOCIATES, INC.

Principal Place of Business Mailing Address

531-A SERGIO CUEVAS **531-A SERGIO CUEVAS**
HATO REY PR 00918 **HATO REY PR 00918**
OC **OC**



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **66-0401422** Applied For Not Applicable

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

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 **Juan C. Zorrilla, Esq.**
 Street Address (P.O. Box Number is Not Acceptable) **2200 S. Dixie Highway, Suite 705**
 City **Miami, Fl.** FL Zip Code **33133**

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]* - registered agent DATE _____

Signature, type and printed name of registered agent, or title if applicable. (NOTE: Registered agent signature required when reinstating)

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, 2002 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	CPT	<input type="checkbox"/> Delete
NAME	SIFONTES, ORVAL E	
STREET ADDRESS	531-A SERGIO CUEVAS	
CITY-ST-ZIP	HATO REY PR 00918	
TITLE	CV	<input type="checkbox"/> Delete
NAME	SIFONTES, MARIA D	
STREET ADDRESS	531-A SERGIO CUEVAS	
CITY-ST-ZIP	HATO REY PR 00918	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JOVE, SAMUEL H	
STREET ADDRESS	FEDERICO COSTA FINAL #1046, TRES MONJITAS	
CITY-ST-ZIP	HATO REY PR 00917	
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	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jove, Samuel H.	
STREET ADDRESS	Carr. # 1, Esquina 175	
CITY-ST-ZIP	Km. 2.5 #100 Rio Cañas Industrial Park Caguas, PR 00725	
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: *[Signature]* **SIGNATURE REQUIRED** *Orval E. Sifontes, President 3/14/02 (787) 764-4913* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY OF STATE

CR2E034 (9/01)