

**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**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

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  
 Signature, type and printed name of registered agent, or 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, 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	<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		

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	<b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jove, Samuel H.</b>	
STREET ADDRESS	<b>Carr. # 1, Esquina 175</b>	
CITY-ST-ZIP	<b>Km. 2.5 #100 Rio Cañas Industrial Park Caguas, PR 00725</b>	
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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SECRETARY OF STATE

CR2E034 (9/01)