


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0671627 MB

**DOCUMENT # F95000005676**

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



**FILED**  
**03 NOV 13 PM 5:00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business 531-A SERGIO CUEVAS HATO REY PR 00918 OC		Mailing Address 531-A SERGIO CUEVAS HATO REY PR 00918 OC	
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 **66-0401422** Applied For  Not Applicable

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

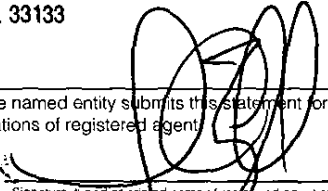
6. Name and Address of Current Registered Agent

**ZORRILLA, JUAN C ESQ**  
**2200 S. DIXIE HIGHWAY STE 705**  
**MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **JUAN C. ZORRILLA, ESQ** DATE: **11-12-03**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. 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	DS	<input type="checkbox"/> Delete
NAME	JOVE, SAMUEL H	
STREET ADDRESS	CARR#1ESQUINAL175KM2.5#100RIOCANASINDPK	
CITY-ST-ZIP	CAGUAS PR 00725	
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		

11. 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	CV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sifontes, María D.	
STREET ADDRESS	531-A Sergio Cuevas	
CITY-ST-ZIP	Hato Rey, PR 00918	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** DATE: **11/22/03** (787) 704-4913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CFR2E034 (10/02)