

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 25, 2002 8:00 am
Secretary of State

02-13-2002 90316 001 ***750.00

DOCUMENT # **K52841**

1. Entity Name
Contadina, Inc.

-36869

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7700 NW 73 Court
Suite, Apt. #, etc.
Medley, Florida 33166
City & State

3. Mailing Address
7700 NW 73 Ct.
Suite, Apt. #, etc.
Medley, Florida 33166
City & State

DO NOT WRITE IN THIS SPACE
02-13-02 90316 001 \$150.00
4. FEI Number
52-1053339
Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Ida Valdes**
Street Address (P.O. Box Number Is Not Acceptable!)
C/O VALDES
7700 NW 73rd Court
Medley, FL FL 33166
City State 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]*
Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
Director/President	Juan Jose Anton	7700 NW 73 Court	Miami, Florida 33166				
Director/Vice President	Patricia Anton	7700 NW 73 Court	Miami, Florida 33166				
Director/Secretary	Jose Anton	7700 NW 73 Court	Miami, Florida 33166				

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-02
DATE

Daytime Phone #

CR2E034B (12/01)