

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 15, 2000 8:00 am
Secretary of State

03-15-2000 90114 034 ****70.00

DOCUMENT # N25905			
1. Entity Name CONTACTO 12, INC.			
Principal Place of Business P.O. BOX 452811 MIAMI FL 33245		Mailing Address P.O. BOX 452811 MIAMI FL 33245-2811	
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 65-0043995		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
QUINONES, ANA MARIA 1770 SW 6 ST #4 MIAMI FL 33135		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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD QUINONES, ANA MARIA		NAME		
STREET ADDRESS	1770 SW 6 ST #4		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33135		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNAL, RAMON		NAME	FRUCTUOSO CASTILLO	
STREET ADDRESS	3375 W 76TH ST., STE. 217		STREET ADDRESS	725 NW 57 Ave #605	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	Miami FL 33126	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINEIRO, CARMEN M		NAME	MARGARITA CASTILLO	
STREET ADDRESS	12821 SW 47 ST.		STREET ADDRESS	725 NW 57 Ave #605	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	Miami FL 33126	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 617, 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 OF OFFICER OR DIRECTOR

3-10-99 305-649-1586

Date Daytime Phone #

CR2E037 (9/99)