

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90006 027 ****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

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

65-0043995

Applied For

Not Applicable

5. Certificate of Status Desired



\$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

(New Address)
2802 SW 23 Ter,
Miami FL, 33145

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

Signature, typed or printed name of registered agent and title if applicable.

(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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
QUINONES, ANA MARIA
1770 SW 6 ST #4
MIAMI FL 33135 ☐ Delete *YES*

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TD
BERNAL, RAMON
3375 W 76TH ST., STE. 217
MIAMI FL ☐ Delete *NO*

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TD
MANUEL MARTIN
4370 NW 11 St. #214
Miami FL, 33126 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
PINEIRO, CARMEN M
12821 SW 47 ST.
MIAMI FL ☐ Delete *NO*

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
MARGARITA CASTILLO
725 NW 57 Ave. #605
Miami FL, 33126 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TD
CASTILLO, FRUCTUOSO
725 NW 57 AVE #605
MIAMI FL 33126 ☐ Delete *NO DIED*

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
CASTILLO, MARGARITA
725 NW 57 AVE #605
MIAMI FL 33126 ☐ Delete *YES*

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 REGISTERED AGENT

3-20-01 (305) 476-8241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)