

# 2002 UNIFORM BUSINESS REPORT (UBR)

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  
2802 SW 23RD TERR  
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 PD ☐ Delete  
NAME QUINONES, ANA MARIA  
STREET ADDRESS 1770 SW 6 ST #4  
CITY-ST-ZIP MIAMI FL 33135

TITLE PD ☐ Change ☐ Addition  
NAME Ana Maria Quiñones  
STREET ADDRESS 2802 SW 23 Ter  
CITY-ST-ZIP Miami FL 33145

TITLE TD ☐ Delete  
NAME MANUEL, MARTIN  
STREET ADDRESS 4370 NW 11TH ST, #214  
CITY-ST-ZIP MIAMI FL 33128

TITLE TD ☐ Change ☐ Addition  
NAME Ana Maria Quiñones  
STREET ADDRESS 2802 SW 23 Ter  
CITY-ST-ZIP Miami FL 33145

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

TITLE SD ☐ Change ☐ Addition  
NAME Ana Maria Quiñones  
STREET ADDRESS 2802 SW 23 Ter  
CITY-ST-ZIP Miami FL 33145

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

*Ana Maria Quiñones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-02

(305) 476-8241  
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)