

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90157 019 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000006223**

1. Entry Name

Fontecha Institute, Inc.

DO NOT WRITE IN THIS SPACE

B0139482

2. Principal Place of Business
1305 W. 49 St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Mialeah, FL

City & State

4. FFI Number
65-1022923

Applied For

Not Applicable

33012

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Santiago P. Fontecha**

Street Address (P.O. Box Number is Not Acceptable)
1305 W. 49 St.

City **Mialeah**

FL

33012

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]**

Santiago Fontecha

DATE

1-12/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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

OFFICERS AND DIRECTORS

11. **PO** **Santiago P. Fontecha**
NAME **1305 W 49 St**
STREET ADDRESS **Mialeah, FL 33012**
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD **Julio Farinacci**
NAME **9150 Fontainebleau Blvd. #170**
STREET ADDRESS **Miami, FL 33172**
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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 119.07(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

Santiago P. Fontecha

Date

Daytime Phone #

1/12/02 305-688-9694

CR2E034B (12/01)

Attachment
FONTECHA INSTITUTE, INC.

1305 West 49th St ~ Hialeah, Fl. 33012 ~ USA

September 13th, 2002


State of Florida Div of Corp
PO Box 6327
Tallahassee, FL. 32314

RE: P00000006223

To whom it may concern:

It has come to our attention that our corporation does not show the renewal for this year. We sent the form since January and we use a blank form since we did not have the one is usually mailed by you. We sent it with the check for \$150.00 which is not cashed at the bank. We are sending a copy of the form and another check for \$150.00. Our accountant is mailing the form for us with other mail to you. Please make sure this time the form gets process ASAP since our school receives grants from the government and it is one of our requirements.

Thank you for your cooperation.


Santiago Fontecha
President