# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 24, 2001 8:00 am**
**Secretary of State**
04-24-2001 90293 017 ***150.00

0159793

DOCUMENT # P00000051106

1. Entity Name
FONTEN, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1313 PONCE DE LEON BLVD. STE 301<br>CORAL GABLES FL 33134 | 1313 PONCE DE LEON BLVD. STE 301<br>CORAL GABLES FL 33134 |

C00051734

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 6955 N.W 77th Ave. | 6955 N.W 77th Ave. |
| Suite, Apt. #, etc.: 203 | Suite, Apt. #, etc.: 203 |
| City & State: MIAMI, FL | City & State: MIAMI, FL |
| Zip: 33166-2845 Country: MIAMI-DADE | Zip: 33166-2845 Country: MIAMI-DADE |

4. FEI Number: 65-1025085 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

SANCHEZ-GALARRAGA, JORGE
1313 PONCE DE LEON BLVD, STE 301
CORAL GABLES FL 33134

**7. Name and Address of New Registered Agent**

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

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

**FILE NOW!!! FEE IS $150.00**
**After MAY 1, 2001 Fee will be $550.00**
**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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SANCHEZ-GALARRAGA, JORGE<br>1313 PONCE DE LEON BLVD, STE 301<br>CORAL GABLES FL 33134 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D<br>MARCELO COSTA-RIVAS<br>6955 N.W 77th Ave #203<br>MIAMI, FL 33166-2845 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V/P<br>ANTONIO RODRIGUEZ<br>6955 N.W 77th Ave #203<br>MIAMI, FL 33166-2845 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S/P<br>TERESA M. FRAU<br>6955 N.W 77th Ave #203<br>MIAMI, FL 33166-2845 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>OLGA VAZQUEZ<br>6955 N.W 77th Ave #203<br>MIAMI, FL 33166-2845 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | 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 |

CR2E034 (10/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Teresa M. Frau 4-17-01 305-888-5913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: TERESA M. FRAU S/D — Date — Daytime Phone #