

2002
2002 **UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90435 005 ***150.00

DOCUMENT # P00000085169

1. Entity Name

FUNDADORES CLUB, INC.

Principal Place of Business

**655 N. Mashta Dr.
Key Biscayne, FL. 33149**

Mailing Address

**P.O. Box 4763
Miami, FL. 33101**

2. Principal Place of Business

655 N. Mashta Dr.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box. 4763

Suite, Apt. #, etc.

City & State

Key Biscayne, FL.

City & State

Miami, FL.

Zip

33149

Country

Zip

33101

Country

4. FEI Number

65-1041420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CONTRERAS, MARIO
655 N. Mashta Dr.
Key Biscayne FL. 33149**

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, 2002 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

TITLE **P/D** ☐ Delete
NAME **CONTRERAS, MARIO**
STREET ADDRESS **655 N. Mashta Dr.**
CITY-ST-ZIP **Key Biscayne, FL. 33149**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Change ☒ Addition
NAME **CONTRERAS, CARMEN**
STREET ADDRESS **83 Buxton Lane**
CITY-ST-ZIP **Boynton Beach, FL. 33426**

TITLE **T.** ☐ Change ☒ Addition
NAME **CONTRERAS, MYRIAM**
STREET ADDRESS **9355 Font/Bleau Bld. C214**
CITY-ST-ZIP **Miami, FL. 33172**

TITLE **S** ☐ Change ☒ Addition
NAME **CONTRERAS JOSE**
STREET ADDRESS **736 NW 1 ST.**
CITY-ST-ZIP **MIAMI, FL. 33128**

TITLE **CONTRERAS** ☐ Change ☒ Addition
NAME **CONTRERAS, CESAR**
STREET ADDRESS **1918 SW 3rd AVE. #2.**
CITY-ST-ZIP **MIAMI, FL. 33129**

TITLE **D** ☐ Change ☒ Addition
NAME **CONTRERAS, RICARDO**
STREET ADDRESS **4303 WATERVIEW CIRCLE**
CITY-ST-ZIP **PALM SPRINGS, FL. 33461**

TITLE **M** ☐ Change ☒ Addition
NAME **CONTRERAS, ANA E.**
STREET ADDRESS **1115 26th STREET**
CITY-ST-ZIP **North Bergen, NJ 07047**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO CONTRERAS

4/30/02 786-395-1191

CR2F034 (1/1/00)