

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90172 034 ***158.75

DOCUMENT # P01000065334

1. Entity Name
CONTARSA INTERNATIONAL CORPORATION

Principal Place of Business

**3501 SW 107 AVENUE
 MIAMI FL 33165**

Mailing Address

**3501 SW 107 AVENUE
 MIAMI FL 33165**

2. Principal Place of Business

24822 SW 177 AV.

Suite, Apt. #, etc.

3. Mailing Address

8865 SW 177 TERR.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1153723

Applied For

Not Applicable

Zip

33031

Country

USA

Zip

33157

Country

USA

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DIAZ, NELSON I
 3501 SW 107 AVENUE
 MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name **VICTOR A. ARZAPALO**

Street Address (P.O. Box Number is Not Acceptable)

8865 SW 177 TERR.

City

Miami

FL

Zip Code

33157

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

4/18/02

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 **PTSD** ☐ Delete
 NAME **ARZAPALO, VICTOR**
 STREET ADDRESS **3501 SW 107 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
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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 **PTSD** ☒ Change ☐ Addition
 NAME **VICTOR A. ARZAPALO**
 STREET ADDRESS **8865 SW 177 TERR.**
 CITY-ST-ZIP **Miami, FL 33157**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VICTOR A. ARZAPALO

Date

4/18/02 (305)2532633

Daytime Phone #

CR2E034 (9/01)