FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90737 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000026549

1. Entity Name

FONSECAS CORPORATION

555 N.W. 72 AVE #105
MIAMI, FL 33126

555 N.W. 72 AVE. #105
MIAMI, FL 33126

70040235

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
555 N.W. 72ND AVENUE	555 N.W. 72ND AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33126 Country US	Zip 33126 Country US

4. FEI Number 43-1953614 — Applied For / Not Applicable

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

FONSECA, FRANK
555N.W. 72ND AVENUE
MIAMI, FL 33126

7. Name and Address of Current Registered Agent
Name FRANK FONSECA
Street Address (P.O. Box Number is Not Acceptable)
555 N. W. 72ND AVENUE
City MIAMI, FL FL Zip Code 33126

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 X Frank Fonseca
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) ☐

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. FONSECA, FRANK 555 N.W. 72ND AVENUE MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Frank Fonseca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #