

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000010392

1. Entity Name

ALBERT FONTELA, INC. ✓

**FILED**  
**Sep 07, 2000 8:00 am**  
**Secretary of State**

09-07-2000 90039 044 \*\*\*550.00

00084357

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
8825 S.W. 100th Street  
Miami, FL 33176

Mailing Address  
8825 S.W. 100th Street  
Miami, FL 33176

2. Principal Place of Business  
2225 N.W. 25th Avenue  
Suite, Apt. #, etc.

3. Mailing Address  
2225 N.W. 25th Avenue  
Suite, Apt. #, etc.

City & State  
Miami, FL

City & State  
Miami, FL

4. FEI Number  
65-0398157

Applied For  
Not Applicable

Zip  
33142

Country  
USA

Zip  
33142

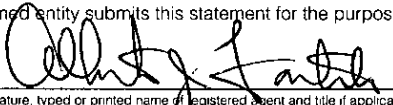
Country  
USA

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

6. Name and Address of Current Registered Agent  
Alberto J. Fontela  
8825 S.W. 100th Street  
Miami, FL 33176

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
2225 N.W. 25th Avenue  
City  
Miami FL Zip Code  
33142

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  / ALBERTO J. FONTELA 8/28/00

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, 2000 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	PD Alberto J. Fontela 8825 S.W. 100th Street Miami, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  / ALBERTO J. FONTELA 8/28/00 305638/474/1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)