

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Jul 11, 2003 8:00 am**  
**Secretary of State**

07-11-2003 90050 010 \*\*\*550.00

0152984 AV

**DOCUMENT # P95000035873**

1. Entity Name  
**FONTANA SERVICES CORP.**



Principal Place of Business  
**9806 N.W. 80TH AVE., STE 12-C  
HIALEAH GARDENS FL 33016**

Mailing Address  
**9806 N.W. 80TH AVE., STE 12-C  
HIALEAH GARDENS FL 33016**



2. Principal Place of Business  
**9806 NW 80th Av sk 12c**

3. Mailing Address  
**THE SAME**

Suite, Apt. #, etc.  
**Suite 12c**

Suite, Apt. #, etc.  
**THE SAME**

City & State  
**Hialeah Gardens**

City & State  
**THE SAME**

Zip  
**33016**

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0582334** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**FAYA, HIGINIO  
520 S.W. 63RD AVE  
MIAMI FL 33144**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
~~After May 1, 2003 Fee will be \$550.00~~  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST FAYA, HIGINIO 5630 N.W. 187 STREET OPA LOCKA FL 33055</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** SIGNATURE OF FAYA **07-07-03** **(305) 9754188**

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

CFR2E034 (10/02)