

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91239 019 ***158.75

A0062632

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000035166 (2)

1. Entity Name

CONTRERAS SERVICES, INC.

Principal Place of Business

Mailing Address

7446 SW 48 ST.

P.O. BOX 4763

MIAMI, FL. 33155

MIAMI, FL. 33101-4763

2. Principal Place of Business

655 N. Mashta Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY BISCAYNE, FL.

City & State

4. FEI Number

65-0745754

Applied For

Not Applicable

Zip

Country

33149

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONTRERAS, MARIO

655 N. Mashta Dr.

Key Biscayne, FL. 33149

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.

MARIO CONTRERAS (PRESIDENT)

(NOTE: Registered Agent signature required when reinstating)

4/25/01

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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	CONTRERAS, MARIO	
STREET ADDRESS	655 N. Mashta Dr.	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CESAR CONTRERAS	
STREET ADDRESS	9355 FontBleau Blvd #C214	
CITY-ST-ZIP	MIAMI, FL. 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO CONTRERAS

04/26/01

Date

(305) 365-0918

Daytime Phone #

CR2F034 11/00