FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91896 017 ***150.00

FOR PROFIT CORPORATION
2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P97000035166

1. Entity Name
CONTRERAS SERVICES, INC.

DO NOT WRITE IN THIS SPACE

11041831

2. Principal Place of Business	3. Mailing Address
905 SW.1st Street# 22	P.O.Box 014763
Suite, Apt. #, etc. # 224	Suite, Apt. #, etc.
City & State MIAMI, FL.	City & State MIAMI, FL.
Zip 33130 / Country DADE	Zip 33101 / Country DADE

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4. FEI Number 65-0745754 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current 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.

SIGNATURE ____________________
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	PD
NAME	CONTRERAS, MARIO
STREET ADDRESS	905 SW, 1 STREET # 224
CITY-ST-ZIP	MIAMI, FL. 33130
TITLE	VD
NAME	CONTRERAS CESAR
STREET ADDRESS	1918 SW 3rd Ave # 2
CITY-ST-ZIP	Miami, FL. 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: ____________ PD: Mario Contreras 4/30/03 (786)486-8510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)