

1092

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

DOCUMENT # P99000093250

1. Entity Name

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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 NAME STREET ADDRESS CITY-ST-ZIP	
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**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

**CONTENDER ELECTRIC, INC**

**14405 SW 159 TERR**

**MIAMI, FL 33177**

**Bus (305) 380-9335**

**Fax (305) 969-8884**

**Lic.EC0002172**

April 8, 2002  
Department of State  
Division of Corporations  
PO BOX 6327  
Tallahassee, Fl. 32314

RE: Corporation Reinstatement

To Whom It May Concern:

It has been recently brought to our attention that our corporation has been placed "inactive". In the past we have never received any notices stating that this was the case. I would like to ask that the late fees be waved for obvious reasons and make aware of the current address of our business. The address is as follows...

Contender Electric, Inc.  
14405 159 TERR  
Miami, Fl. 33177

Please make these changes in the system so that we may receive any documents or statements which are required in the future.

If there are any questions regarding this matter please do not hesitate to call me.

Thank You,



Ray Santamaria Jr.,  
President

999000093250

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 MAY -1 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000093250**

1. Corporation Name **Contender Electric, Inc.**

**600005507506--9**  
-05/14/02--01001--018  
\*\*\*\*308.75 \*\*\*\*308.75

2. Principal Office Address

**14405 SW 159 Terr**

3. Mailing Office Address

**14405 SW 159 Terr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FLA.**

City & State

**MIAMI FLA.**

Zip

**33177 USA**

Zip

**33177 USA**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**Oct. 22, 1999**

5. FEI Number

**65-0957020**

Applied For

Not Applicable

6. ☒ CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Raimundo Santamaria**

Street Address (P.O. Box Number is Not Acceptable)

**14405 SW 159 Terr**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33177**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date **4-8-02**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Raimundo Santamaria	14405 SW 159 Terr	MIAMI FL 33177

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-8-02** (305) 380-9335  
Date Daytime Phone #