

# 2002-UNIFORM BUSINESS REPORT (UBR)

0235303 AV

DOCUMENT # 465720

1. Entity Name  
LA CANASTILLA CUBANA DISTRIBUTING CORP.

FILED

02 APR 29 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145

Mailing Address

2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2300 Coral Way  
Suite, Apt. #, etc.  
Suite # 200

3. Mailing Address

2300 Coral Way  
Suite, Apt. #, etc.  
Suite # 200

City & State  
Miami, Florida

City & State  
Miami, Florida

4. FEI Number 59-1565398

Applied For  
Not Applicable

Zip Country  
33145 US

Zip Country  
33145 US

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

FLORIDA ANNUAL REPORT SERVICES INC  
2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145

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

AMADA CANTERA LOPEZ, President

4/24/02

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, 2002 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

TITILE ☐ Delete  
NAME T  
STREET ADDRESS MARTIN, RAUL  
CITY-ST-ZIP 1180 E. FIRST AVENUE  
HIALEAH FL

TITILE ☐ Change ☐ Addition  
NAME 100005396661--9  
STREET ADDRESS -05/01/02--01014--011  
CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

TITILE ☐ Delete  
NAME DS  
STREET ADDRESS MARTIN, ESTHER  
CITY-ST-ZIP 1300 W 49TH STREET  
HIALEAH FL 33012

TITILE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITILE ☐ Delete  
NAME PD  
STREET ADDRESS GALGUERA, ERNESTO  
CITY-ST-ZIP 220 HIALEAH DRIVE  
HIALEAH FL

TITILE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITILE ☐ Delete  
NAME VD  
STREET ADDRESS MARTIN, ARMANDO  
CITY-ST-ZIP 1300 W 49TH STREET  
HIALEAH FL 33012

TITILE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITILE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITILE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITILE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITILE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (9/01)