

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 478372**

1. Entity Name

**CANTELOP PROPERTY INVESTMENT, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 14 PM 2:49

Principal Place of Business

2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145

Mailing Address

2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145-3511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2124810

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable.

AMADA CANTERA LOPEZ, PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/00

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	LOPEZ-AGUIAR, CARLOS C	
STREET ADDRESS	2300 CORAL WAY SUITE 200	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	S	<input type="checkbox"/> Delete
NAME	CANTERA LOPEZ, AMADA	
STREET ADDRESS	2300 CORAL WAY SUITE 200	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOPEZ-CANTERA, AMADA	
STREET ADDRESS	2300 CORAL WAY SUITE 200	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000003174420-4	
STREET ADDRESS	-03/17/00-01073-018	
CITY-ST-ZIP	***150.00 ***150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ-AGUIAR, CARLOS C	
STREET ADDRESS	2300 CORAL WAY, SUITE 200	
CITY-ST-ZIP	MIAMI, FL 331145	
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 authority empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)