

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 478372

1. Entity Name  
CANTELOP PROPERTY INVESTMENT, INC.

FILED

02 APR 19 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145

Mailing Address  
2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145

2. Principal Place of Business  
2300 Coral Way

3. Mailing Address  
2300 Coral Way

Suite, Apt. #, etc.  
Suite # 200

Suite, Apt. #, etc.  
Suite # 200

City & State  
Miami, Florida

City & State  
Miami, Florida

4. FEI Number 59-2124810

Applied For  
Not Applicable

Zip 33145 Country US

Zip 33145 Country 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 *[Signature]*  
Signature typed or printed name of registered agent and title is acceptable.

AMADA CANTERA LOPEZ, President

(NOTE: Registered Agent signature required when reinstating)

3/26/02  
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

TITLE NAME P LOPEZ-AGUIAR, CARLOS C ☐ Delete  
STREET ADDRESS 2300 CORAL WAY SUITE 200  
CITY-ST-ZIP MIAMI FL 33145

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 400005315314--0  
CITY-ST-ZIP -04/22/02--01120--018

TITLE NAME S CANTERA LOPEZ, AMADA ☐ Delete  
STREET ADDRESS 2300 CORAL WAY SUITE 200  
CITY-ST-ZIP MIAMI FL 33145

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS \*\*\*\*\*150.00  
CITY-ST-ZIP \*\*\*\*\*150.00

TITLE NAME T LOPEZ-CANTERA, AMADA ☐ Delete  
STREET ADDRESS 2300 CORAL WAY SUITE 200  
CITY-ST-ZIP MIAMI FL 33145

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

TITLE NAME V LOPEZ-CANTERA, CARLOS C. ☐ Delete  
STREET ADDRESS 2300 CORAL WAY SUITE 200  
CITY-ST-ZIP MIAMI FL 33145

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 persons empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02  
Date Daytime Phone #

CR20034 (9/01)