

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

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90669 016 \*\*\*150.00

**DOCUMENT # 513160**

1. Entity Name

CANTALEJOS, INC.

**DO NOT WRITE IN THIS SPACE**

B0064723

2. Principal Place of Business  
250 CATALONIA AVENUE

3. Mailing Address  
250 CATALONIA AVENUE

Suite, Apt. #, etc.

SUITE 705

Suite, Apt. #, etc.

SUITE 705

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FEI Number

59-2319704

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

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

Name

MENDIVE, ARMANDO G

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

250 CATALONIA AVENUE,

STE 705

City

CORAL GABLES

FL

Zip Code

33134

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 effects 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	PD Traverso, Juan M 250 Catalonia Ave., Ste 705 Coral Gables, Fl 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Traverso, Isabel F 250 Catalonia Avenue, Ste 705 Coral Gables, Fl 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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

ISABEL TRAVERSO

Date

Daytime Phone #

4/1/02 (305) 858-9800

CR2E034B (12/01)