

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90197 012 ***150.00

DOCUMENT # 513160

1. Entity Name
CANTALEJOS, INC.



Principal Place of Business

**250 CATALONIA AVE.
SUITE 705
CORAL GABLES FL 33134**

Mailing Address

**250 CATALONIA AVE.
SUITE 705
CORAL GABLES FL 33134**

2. Principal Place of Business

**600 GRAPETREE DR.
SUITE, Apt. #, etc.
868**

3. Mailing Address

**600 GRAPETREE DR.
SUITE, Apt. #, etc.
868**

City & State

Key Biscayne FL

City & State

Key Biscayne FL

Zip

Country

FL 33149 USA

Zip

Country

33149 U.S.A



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2319704

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MENDIVE, ARMANDO G
250 CATALONIA AVE.
SUITE 705
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **ISABEL TRAVERSO**
Street Address (P.O. Box Number is Not Acceptable)
600 GRAPETREE DRIVE #865
City **KEY BISCAYNE** FL Zip Code **33149**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Isabel Traverso **ISABEL TRAVERSO - SECRETARY**

1/10/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TRAVERSO, JUAN M. 250 CATALONIA AVE.,S-705 CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST TRAVERSO, ISABEL F. 250 CATALONIA AVE.,S-705 CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Isabel Traverso **ISABEL TRAVERSO**

1/10/03

(305) 331-8793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)