

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **H93126**



1. Entity Name:
CANTABRICO, INC.

03 SEP 11 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**% A.R. MENENDEZ
150 W FLAGLER ST #2200-ARM
MIAMI FL 33130**

Mailing Address
**% A.R. MENENDEZ
150 W FLAGLER ST #2200-ARM
MIAMI FL 33130**

[Handwritten Signature]



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt. #, etc

City & State

City & State

4. FEI Number **59-2627115**

Applied For
Not Applicable

Zip Country

Zip Country

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

**MENENDEZ, ANTONIO R
150 W FLAGLER ST, SUITE 2200
MUSEUM TOWER
MIAMI FL 33130**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD FERNANDEZ, NILO 150 W FLAGLER ST #2200-ARM MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DV ARCELUS, MIGUEL 150 W FLAGLER ST, STE 2200-ARM MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DS FERNANDEZ, JOSEFINA 150 W FLAGLER ST, STE #2200-ARM MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T ARCELUS, JAVIER 150 W FLAGLER ST, #200-ARM MIAMI FL
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"/> Change <input type="checkbox"/> Addition 200023017682 09/12/03--01038--003 **550.00
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)(f), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/03 (954) 971-9890

Date

Day/Time Phone #

CP2E034 (4/03)