## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 08, 2001 8:00 am Secretary of State **DOCUMENT # N46365** 1. Entity Name CANTABRIA HOUSE U.S.A., INC. (CASA CANTABRIA U.S 02-08-2001 90035 034 \*\*\*\*61.25 Principal Place of Business Mailing Address 782 NW LEJEUNE ROAD 782 NW LEJEUNE ROAD #548 #548 MIAMI FL 33126 MIAMI FL 33126 US US , 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0342176 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired\_\_\_ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MARQUEZ, JOSE M. 782 NW LEJEUNE ROAD #548 Zip Code MIAMI FL 33126 FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change Delete TITLE TITLE HERRAN, MANUEL A. NAME NAME 8460 SW 5TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL VD ☐ Change ■ Addition Delete TITLE TITLE CUADRADO, ALFREDO NAME NAME .3315.DURANGO,STREET. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL SD ☐ Change ☐ Addition ☐ Delete TITLE TITLE COSSIO, VINCENT NAME NAME oSTREET ADDRESS 5876 SW 16 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition TITLE ☐ Delete TITLE SANTIS, MARIO NAME NAME 4505 SW 59TH AVENUE STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition ☐ Delete TITLE TITLE **BUSTILLO, JOSE GOMEZ** NAME NAME STREET ADDRESS 1301 VALENCIA AVNUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL ☐ Change Addition ☐ Delete TITLE TITLE MESTRE, CARMINA NAME NAME STREET ADDRESS STREET ADDRESS 1545 TRILLO AVENUE CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL** 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 receive or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

with an address, with all other lie empowered.

Vilncent Cossion Secretary SIGNATURE: \( \) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attache

01/04/2001

(305) 634-8669

Daytime Phone #