

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90104 027 \*\*\*\*\*61.25

0089442

**DOCUMENT # N46365**

1. Entity Name

**CANTABRIA HOUSE U.S.A., INC. (CASA CANTABRIA U.S.A., INC.)**



Principal Place of Business

**782 NW LEJEUNE ROAD  
#548  
MIAMI FL 33126  
US**

Mailing Address

**782 NW LEJEUNE ROAD  
#548  
MIAMI FL 33126  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0342176**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MARQUEZ, JOSE M.  
782 NW LEJEUNE ROAD  
#548  
MIAMI FL 33126**

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **HERRAN, MANUEL A.**  
STREET ADDRESS **8460 SW 5TH STREET**  
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ Delete  
NAME **CUADRADO, ALFREDO**  
STREET ADDRESS **3315 DURANGO STREET**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **SD** ☐ Delete  
NAME **COSSIO, VINCENT**  
STREET ADDRESS **5876 SW 16 STREET**  
CITY-ST-ZIP **MIAMI FL**

TITLE **SC** ☐ Delete  
NAME **SANTIS, MARIO**  
STREET ADDRESS **4505 SW 59TH AVENUE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ Delete  
NAME **BUSTILLO, JOSE GOMEZ**  
STREET ADDRESS **1301 VALENCIA AVNUE**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **TD** ☐ Delete  
NAME **MESTRE, CARMINA**  
STREET ADDRESS **1545 TRILLO AVENUE**  
CITY-ST-ZIP **CORAL GABLES FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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 617, 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:

**MANUEL A. HERRAN, President** 03/20/2003 (305) 634-8669

CR2E037 (10/02)