

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092780

1. Entity Name  
ASTURIAS REALTY CORP.

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90196 033 \*\*\*150.00

Principal Place of Business  
782 NORTHWEST LEJUENE ROAD  
SUITE 637  
MIAMI FL 33126

Mailing Address  
782 NORTHWEST LEJUENE ROAD  
SUITE 637  
MIAMI FL 33126



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
10520 NW 26<sup>TH</sup> STREET

3. Mailing Address  
10520 NW 26<sup>TH</sup> STREET

Suite, Apt. #, etc.  
SUITE C-201

Suite, Apt. #, etc.  
SUITE C-201

City & State  
MIAMI FL

City & State  
MIAMI FL

4. FEI Number 65-0793038

Applied For  
Not Applicable

Zip  
33172

Country  
MIAMI-DADE

Zip  
33172

Country  
MIAMI-DADE

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

CABANAS, JOSE E  
782 NW JENNE RD  
STE 637  
MIAMI FL 33126

Name  
JOSE E. CABANAS  
Street Address (P.O. Box Number is Not Acceptable)  
10520 NW 26<sup>TH</sup> STREET  
SUITE C-201  
City MIAMI FL Zip Code 33172

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 JOSE E. CABANAS 4/27/01  
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 elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
CABANAS, JOSE E  
782 NE LEJUENE RD, STE 637  
MIAMI FL 33126 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
JOSE E. CABANAS  
10520 NW 26<sup>TH</sup> STREET SUITE C-201  
MIAMI FL 33172 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
CABANAS, MARIA C  
782 NE LEJUENE RD, STE 637  
MIAMI FL 33126 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY  
MARIA C. CABANAS  
10520 NW 26<sup>TH</sup> STREET - SUITE C-201  
MIAMI FL 33172 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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☐ Change ☐ Addition

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STREET ADDRESS  
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☐ Delete

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CITY-ST-ZIP  
☐ Change ☐ Addition

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

SIGNATURE: JOSE E. CABANAS 4/27/01 (305) 513-3639  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)