

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90024 032 \*\*\*150.00

**DOCUMENT # P00000034193**

1. Entity Name  
**CENDEX FINANCIAL, INC.**

Principal Place of Business  
**9550 BAY HARBOR TERR., SUITE 214  
 BAY HARBOR ISLAND FL 33154**

Mailing Address  
**9550 BAY HARBOR TERR., SUITE 214  
 BAY HARBOR ISLAND FL 33154**

2. Principal Place of Business  
**3535 HIAWATHA STREET  
 Suite, Apt. #, etc.  
 SUITE A-105**

3. Mailing Address  
**3535 HIAWATHA STREET  
 Suite, Apt. #, etc.  
 SUITE A-105**

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

4. FEI Number  
**65-0997224**

Applied For  
 Not Applicable

Zip Country  
**33133 MIAMI/ DADE**

Zip Country  
**33133 MIAMI/ DADE**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MARGALIT, TALJ  
 9550 BAY HARBOR TERR., SUITE 214  
 BAY HARBOR ISLAND FL 33154**

**7. Name and Address of New Registered Agent**

Name  
**TALI MARGALIT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3535 HIAWATHA STREET  
 SUITE A-105**  
 City **MIAMI** FL Zip Code **33133**

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 Tali Margalit/President Tali MARGALIT DATE 4/11/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>D MARGALIT, TALJ</b>		NAME	
STREET ADDRESS <b>19999 E. COUNTRY CLUB DR., APT. 401</b>		STREET ADDRESS	
CITY-ST-ZIP <b>AVENTURA FL 33180</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Tali Margalit Tali MARGALIT DATE 4/11/01 DAYTIME PHONE # 305-904-8066  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)