

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90495 047 ***150.00

05/27/02 08:00 AM

DOCUMENT # P01000054573
 1. Entity Name
CANTEXUS INDUSTRIES, INC.

Principal Place of Business Mailing Address
13935 NW 1ST AVE **13935 NW 1ST AVE**
MIAMI FL 33168 **MIAMI FL 33168**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
315 SE MIZNER BLVD Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
207
 City & State City & State
BOCA RATON, FL
 Zip Country Zip Country
33432 **USA**

4. FEI Number **05-1105549** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NAJUM, CLAUDIO
13935 NW 1ST AVE
MIAMI FL 33168

7. Name and Address of New Registered Agent
 Name **CLAUDIO NAJUM**
 Street Address (P.O. Box Number is Not Acceptable)
315 SE MIZNER BLVD # 207
 City **BOCA RATON, FL** FL Zip Code **33432**

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 *Claudio Najum*
 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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NAJUM, CLAUDIO 13935 NW 1ST AVE MIAMI FL 33168
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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CLAUDIO NAJUM 315 SE MIZNER BLVD # 207 BOCA RATON, FL 33432 <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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Claudio Najum Pres.* Date **1-7-02** Daytime Phone # **305-688-9694**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)