

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F73220

1. Entity Name

C.G. CANTOR CORP.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90240 013 ***150.00

Principal Place of Business

9700 COLLINS AVE., #106
BAL HARBOUR FL 33154

Mailing Address

9700 COLLINS AVE., #106
BAL HARBOUR FL 33154-2200

2. Principal Place of Business

9700 COLLINS AVE #106

3. Mailing Address

9700 COLLINS AVE

Suite, Apt. #, etc.

106

Suite, Apt. #, etc.

106

City & State

BAL HARBOUR, FL

City & State

BAL HARBOUR, FL

Zip

33154

Country

U.S.A.

Zip

33154

Country

U.S.A.

4. FEI Number

59-2183887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORMAN, PETER J.
2101 CORPORATE BLD, STE 216
BOCA RATON FL 33431

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.

SIGNATURE

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, 2000 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: PD ☐ Delete
NAME: CANTOR, CAROL
STREET ADDRESS: 9700 COLLINS AVE.
CITY-ST-ZIP: BAL HARBOUR FL

TITLE: S ☐ Delete
NAME: CANTOR, PATRICIA
STREET ADDRESS: 9700 COLLINS AVE
CITY-ST-ZIP: BAL HARBOUR FL

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

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:

C. G. CANTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-11-00 (305)861-4544
Daytime Phone #

CR2E034 (9/99)