

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90330 017 ***150.00

DOCUMENT # F96000001667

1. Entity Name

CANTONVILLE INVESTMENTS NV, INC.

Principal Place of Business

**3 GROVE ISLE DR., #1201
 MIAMI FL 33133-4114**

Mailing Address

**3 GROVE ISLE DR., #1201
 MIAMI FL 33133-4114**

2. Principal Place of Business

85 Grand Canal Dr.

Suite, Apt. #, etc.

305

City & State
Miami, Florida

Zip
33144

Country
Dade

3. Mailing Address

85 Grand Canal Dr.

Suite, Apt. #, etc.

305

City & State
Miami, Florida

Zip
33144

Country
Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number **98-0113174**

App'ed For
 No: Application

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

6. Name and Address of Current Registered Agent

**CEDENO, FELIX
 1883 NW 7 ST., #7
 MIAMI FL 33125**

7. Name and Address of New Registered Agent

Name
FELIX CEDENO

Street Address (P.O. Box Numbers Not Acceptable)

85 Grand Canal Dr. # 305

City
Miami

Zip Code
33144

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

Felix Cedeno
Felix Cedeno

Signature of person or persons registered agent and file if applicable

(NOTE: Registered Agent's 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLANO, RAFAEL 3 GROVE ISLE DR., #1201 MIAMI FL 33133-4114	<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
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		<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:

Felix Cedeno
Felix Cedeno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Felix Cedeno-Registered Agent

APR 20 2001

Date

Daytime Phone

CR2E034 (10/00)