## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

## Feb 17, 2002 8:00 am Secretary of State F96000001667 DOCUMENT # 1. Entity Name 02-17-2002 90108 002 \*\*\*150.00 CANTONVILLE INVESTMENTS NV. INC. Principal Place of Business Mailing Address 85 GRAND CANAL DR #305 85 GRAND CANAL DR #305 MIAMI FL 33144 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 98-0113174 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CEDENO, FELIX Street Address (P.O. Box Number is Not Acceptable) 85 GRAND CANAL DR #305 **MIAMI FL 33144** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete ☐ Change Addition TITLE MOLANO, RAFAEL NAME NAME 3 GROVE ISLE DR., #1201 STREET ADDRESS STREET ADDRESS MIAMI FL 33133-4114 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TIT! F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at exemption shall have the same legal effect as if made under oath; that I am an officer or director for a property of the control of the I hereby certify that the information indicated on this report or surplined. of the corporation or the rece

FILED

Date

Daytime Phone #