

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

02 JUN 18 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H06304

1. Entity Name Caninvest, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
c/o Ronald E. Herzog

3. Mailing Address  
600 Grapetree Drive

Suite, Apt. #, etc.  
300 Seville, Suite 215

Suite, Apt. #, etc.  
Unit 6B South

City & State  
Coral Gables, FL

City & State  
Key Biscayne, FL

Zip  
33134

Country  
US

Zip  
33149

Country  
US

4. FCI Number  
59-2411328

Applied For

Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

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

Name  
Ronald E. Herzog

Street Address (P.O. Box Number is Not Acceptable)

300 Seville, Suite 215

City  
Coral Gables

FL

Zip Code  
33134

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
Vice President  
Hadar, Margery  
300 Seville, Ste. 215  
Coral Gables, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800006062208--3  
-06/27/02--01034--013  
\*\*\*\*\*550.00 \*\*\*\*\*550.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Simons, Victoria  
600 Grapetree Drive, Unit 6B South  
Key Biscayne, FL 33149

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800006062208--3  
-06/27/02--01034--014  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

TITLE  
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

, Victoria Simons 6/17/02 (305) 667-1692

Date

Daytime Phone #

CR2E034B (12/01)



ACCOUNT NO. : 072100000032

REFERENCE : 627294 7159924

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : June 18, 2002

ORDER TIME : 10:38 AM

ORDER NO. : 627294-005

CUSTOMER NO: 7159924

CUSTOMER: Toni Clark, Paralegal  
Rafferty Gutierrez & Sanchez-  
Suite 1400  
1101 Brickell Avenue  
Miami, FL 33131

ANNUAL REPORT FILING

NAME: CANINVEST, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Ginger Simmons-EXT#1139

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
02 JUN 18 AM 11:43  
DIVISION OF REGISTRATION