

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H51367**

1. Entity Name

CANCO ASSOCIATES, INC.**FILED****May 24, 2000 8:00 am**
Secretary of State

05-24-2000 90175 023 ***150.00

Principal Place of Business

Mailing Address

7000 W. PALMETTO PK. RD.
#306
BOCA RATON FL 33433-3429
US7000 W. PALMETTO PARK ROAD, SUITE #306
BOCA RATON FL 33433-3430
US

2. Principal Place of Business

3. Mailing Address

3701 FAU BLVD**3701 FAU BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300**300**

City & State

City & State

BOCA RATON FL**BOCA RATON FL**

4. FEI Number

59-2523418

Applied For

Not Applicable

Zip

Country

Zip

Country

33431**USA****33431****USA**5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KANTOR, ARNOLD**7000 W. PALMETTO PARK ROAD, STE. 306
BOCA RATON FL 33433**Name **David Kantor**

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

3701 FAU BLVD**SUITE 300**City **BOCA RATON****FL**Zip Code
33431

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KANTOR, ARNOLD 7000 W PALMETTO PARK RD BOCA RATON FL	<input checked="" 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Kantor David 3701 FAU BLVD, #300 BOCA RATON FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Robert Wolfson 1963 CRABIN DR BLOOMFIELD HILLS, MI 48304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Stephen L. Seftenberg 2800 N. Flagler Dr #205 W Palm Bch, FL 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Robert W Zucker 4842 Willow Da BOCA RATON, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #