

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90372 040 ****50.00

DOCUMENT # L01000004531

1. Entity Name
CANTOR, L.L.C.

Principal Place of Business

**888 SOUTHEAST THIRD AVE.
 SUITE #400
 FT. LAUDERDALE FL 33316**

Mailing Address

**888 SOUTHEAST THIRD AVE.
 SUITE #400
 FT. LAUDERDALE FL 33316**

2. Principal Place of Business

**6360 NW 5TH WAY
 Suite, Apt. #, etc.
 103**

3. Mailing Address

**6360 NW 5TH WAY
 Suite, Apt. #, etc.
 103**

City & State

FL LAUDERDALE, FL

City & State

FL LAUDERDALE, FL

4. FEI Number

65-1088831

Applied For

Not Applicable

Zip

33309

Country

USA

Zip

33309

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required.**

6. Name and Address of Current Registered Agent

**LARRY J. BEHAR, P.A.
 888 SOUTHEAST THIRD AVE.
 SUITE #400
 FT. LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name **HOW GWYNN-JONES**

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

6360 NW 5TH WAY, SUITE 103

City **FORT LAUDERDALE**

FL

Zip Code **33309**

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

HOW GWYNN-JONES, MANAGING MEMBER

04/22/02

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGRM GWYNN-JONES, HOW
STREET ADDRESS	6360 NW 5TH WAY, SUITE 103
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGR GWYNN-JONES, NICKI
STREET ADDRESS	6360 NW 5TH WAY, SUITE 103
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

HOW GWYNN-JONES

04/22/02

954 202 0188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

CR2E083 (9/01)