FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am L59015 DOCUMENT # **Secretary of State** 1. Entity Name 02-13-2002 90015 039 ***150.00 STEVEN L. CANTOR, P.A. Principal Place of Business Mailing Address % STEVEN L CANTOR, P.A. % STEVEN L CANTOR, P.A. -00444J0J 777 BRICKELL AVE #500 777 BRICKELL AVE #500 MIAMI FL 33131 MIAMI FL 33131 US US 3. Mailing Address 2. Principal Place of Business 1001 Brickell Bay Dr. 1001 Brickell Bay Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ste. 2908 Ste. 2908 City & State City & State 4. FEI Number Applied For 65-0182587 Miami, FL 33131 Not Applicable Miami, FL 33131 Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 33131 U.S.A. ~U=S-A----33131 ---6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SLC Corporate Services, Inc. SLC CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1001 Brickell Bay Dr., Ste.2908 777 BRICKELL AVE., STE 500 MIAMI FL 33131 Miami r the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this state SIGNATURE Signature, typed d Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (10/6) Change ☐ Addition **PDST** TITLE ☐ Delete TITLE PDST CANTOR, STEVEN L. NAME NAME Cantor, Steven L 1001 Brickell Bay Dr., Ste. 2908 CR2E034 777 BRICKELL AVE., 5TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: