

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000151

1. Entity Name

~~ENGELBERG, CANTOR, LEONE & MILGRIM, P.L.~~  
ENGELBERG, CANTOR & MILGRIM, P.L.

*per amended filed 12/27/99  
diff. 1/1/00*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -2 PM 1:12

Principal Place of Business

3230 STIRLING ROAD  
HOLLYWOOD FL 33021

Mailing Address

3230 STIRLING ROAD  
HOLLYWOOD FL 33021-2041

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0731477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEONE, FREDERICK  
ENGELBERG, CANTOR & LEONE, P.A.  
3230 STIRLING ROAD  
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

JERALD C. CANTOR

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

City

FL

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 \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM MORRIS ENGELBERG & LAURIE E. MILGRIM, P.A.  
STREET ADDRESS 3230 STIRLING ROAD  
CITY- ST- ZIP HOLLYWOOD FL ☐ Delete

TITLE NAME MGRM J.C. CANTOR, P.A.  
STREET ADDRESS 3230 STIRLING ROAD  
CITY- ST- ZIP HOLLYWOOD FL ☐ Delete

TITLE NAME MGRM RICK LEONE, P.A.  
STREET ADDRESS 3230 STIRLING ROAD  
CITY- ST- ZIP HOLLYWOOD FL ☒ Delete

TITLE NAME MGRM ENGELBERG & CANTOR EQUIPMENT RENTALS, INC.  
STREET ADDRESS 3230 STIRLING ROAD  
CITY- ST- ZIP HOLLYWOOD FL ☒ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
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: By J.C. CANTOR, P.A., MEMBER  
PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

02/08/00

Date

(954) 966-3900

Daytime Phone #

CR2E083 (9/99)