2001 UNIFOR	RM BUSINESS	REPORT	(UBR)
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DOCU 1. Entity Nan	MENT.# L970	00000151		i					
ENGELBERG, CANTOR & MILGRIM, P.L.				FILED					
							OI FEB -	- I PM -	2: 50
Principal Plac	e of Business	Mailing Address				<u> </u>	SEOBET.	DV Am a	±. 00
	STIRLING ROAD LYWOOD FL 33021 A 3230 STIRLING ROAD HOLLYWOOD FL 33021				SECRETARY OF STATE TALLAHASSEE, FLORIDA				TATE ORIDA
i <u></u>				·					
2. Principal Place of Business 3. Mailing Address		3. Mailing Address	•	I TORRITORI BED TRUIT RODIT BOTIL BORIL BORIL BORIL BORIL BORIL BORIL BORIL BORIL BORIL STORE BUT			(8),181 (181 (181		
Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc.		1	DO NOT WRITE IN THIS SPACE					
City & Stat	е	City & State		i	4. FEI Number Applied For Not Applicable				
Zip	Country	Zip	Country		5. Certificate of Status Desired				
	6. Name and Address of Curren	t Registered Agent	· ·	1-4 #	7. Name	and Address of New	Registered /	Agent	
			Nar		<u></u> .				
	, JERALD C		Stre	Street Address (P.O. Box Number is Not Acceptable) ENGELBERG, CANTOR & MILLERIM, P.I.					
V	erq, cantor & leone, p.a. Bling road								
√3230 STIRLING ROAD			City	/	FL Zip Code				
<u> </u>	named entity submits this statement for	or the purpose of changing its r	registered office	ce or registere	ed agent, o	or both, in the State of	lorida.	<u></u>	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable , (NOTE:	Registered Agent	signature required	when reinstati	ng)	DATE		
		FILE NO	W!!! FEE	IS \$50.00 t					
•		Make Check Pay		•	State				
9.	MANAGING MEME	BERS/MEMBERS	10.		. -	ADDITION	S/CHANGES		
TITLE	MGRM			,				☐ Change	Addition
NAME STREET ADDRESS	MORRIS ENGELBERG & LAURIE E. MILGRIM, P.A. 3230 STIRI ING. ROAD		NAME STREET ADDR	ESS					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	MGRM	☐ Delete	TITLE	· [700003	3662		Addition
NAME STREET ADDRESS	J.C. CANTOR, P.A.	,	NAME STREET ADDR	IESS		-02/0	18/010	111100)15
CITY-ST-ZIP	3230 STIRLING ROAD HOLLYWOOD FL		CITY-ST-ZIP			*************************************	*50.00	*************************************	50.00
TITLE		☐ Delete	TITLE		-			· Change	Addition
NAME STREET ADDRESS			NAME STREET ADDR	BESS					
CITY-ST-ZIP			CITY-ST-ZIP	[ĺ
TITLE		☐ Delete	TITLE	T				☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDR	FSS					
CITY-ST-ZIP	_		CITY-ST-ZIP						
TITLE		☐ Defete	TITLE					Change	- Addition
NAME STREET ADDRESS			NAME , STREET ADDR	ESS					
CITY-ST-ZIP	 		CITY-ST-ZIP						
TITLE ,	A u	☐ Delete	TITLE .	• 1				☐ Change	☐ Addition
NAME STREET#ADDRESS		and the second	NAME , ,			f_{\star}	42		1
CITY-ST-ZIP			STREET ADOR	100		•	7		Ì
indicated	ertify that the information supplied with on this report is true and accurate and	l that my signature shall have th	ie same legali	effect as if ma	ade under	oath: that I am a man:	s. I further cert	ify that the in	formation of the
limited liab	pility company or the receiver or truste	e empowered to execute this re	port as requir	ed by Chapte	r 608, Flo	rida Statutes.	_ggoiiibb	. zugoi	

J.C.CANTOR, P.A.-MEMBER SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/29/01 Date

(954) 966-3900

Daytime Phone #

CR2E083 (11/00)