## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATU

## **FILED** ¿DÖCUMENT # **N98000004206** May 19, 2000 8:00 am Secretary of State CANTEL WEST INDUSTRIAL PARK, INC. 05-19-2000 90042 012 \*\*\*\*61.25 Principal Place of Business Mailing Address 9330 FONTAINEBLEAU BLVD 9330 FONTAINEBLEAU BLVD MIAMI FL 33172-4204 MIAMI FL 33172 US 2. Principal Place of Business 3. Mailing Address Ave. 782 NW 4222 782 NW Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0695616 Not Applicable MIRM Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 33124 <u>33124</u> 9*2*2 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) O'NAGHTEN, JUAN T 2665 S BAYSHORE DR, STE 1100 **MIAMI FL 33133** City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be $\Box$ Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition ☐ Delete TITLE TITLE NAME CABRERA, ANTONIO J NAME STREET ADDRESS STREET ADDRESS 9330 FONTAINEBLEAU BLVD CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** ☐ Addition Change TITLE TITLE ☐ Delete O'NAGHTEN, JUAN T NAME NAME STREET ADDRESS STREET ADDRESS 2665 S BAYSHORE DR. STE 1100 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 ☐ Change ☐ Addition TITLE □ Delete TITLE DELGADO, ROLANDO NAME NAME STREET ADDRESS STREET ADDRESS 2665 S BAYSHORE DR, STE 1100 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33133 ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.