


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90174 006 ****61.25

DOCUMENT # N98000004206

1. Entity Name
CANTEL WEST INDUSTRIAL PARK, INC.



Principal Place of Business
**10675-10400 NW 37 TERRACE
MIAMI FL 33178
US**

Mailing Address
**8600 NW 36 STREET
SUITE 101
MIAMI FL 33176
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
3155 NW 82 Avenue
Suite, Apt. #, etc.
101
City & State
Miami, FL
Zip
33122
Country
USA

CHECK HERE IF MAKING CHANGES

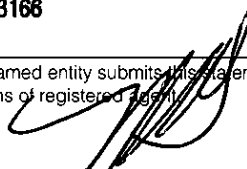
6. Name and Address of Current Registered Agent
**THE DORAN JASON GROUP OF FLORIDA
M. PALACIOS
8600 NW 36 STREET, SUITE 101
MIAMI FL 33168**

4. FEI Number **65-0695616**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
Name
The Doran Jason Group of Florida - M Palacios
Street Address (P.O. Box Number is Not Acceptable)
3155 NW 82 Avenue
Suite 101
City **Miami FL** Zip Code **33122**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **01/10/2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

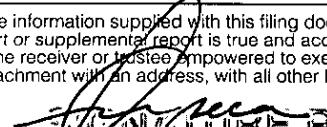
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FONSECA, OSCAR	
STREET ADDRESS	10505 NW 37 TERRACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MESSULAM, ANDRES	
STREET ADDRESS	10530 NW 37 TERRACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MORA, JOSE	
STREET ADDRESS	10500 NW 37 TERRACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALMONTE, CARLITA	
STREET ADDRESS	104004 NW 37 TERRACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:  SIGNATURE REQUIRED DATE: **01/10/2003** 305/5997600

CR2E037 (10/02)