

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034193

1. Entity Name

CENDEX FINANCIAL, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90024 032 ***150.00

Principal Place of Business

9550 BAY HARBOR TERR., SUITE 214
BAY HARBOR ISLAND FL 33154

Mailing Address

9550 BAY HARBOR TERR., SUITE 214
BAY HARBOR ISLAND FL 33154

2. Principal Place of Business

3535 HIAWATHA STREET

3. Mailing Address

3535 HIAWATHA STREET

Suite, Apt. #, etc.

SUITE A-105

Suite, Apt. #, etc.

SUITE A-105

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0997224

Applied For

Not Applicable

Zip

33133

Country

MIAMI/ DADE

Zip

33133

Country

MIAMI/ DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARGALIT, TAL

9550 BAY HARBOR TERR., SUITE 214
BAY HARBOR ISLAND FL 33154

Name

TALI MARGALIT

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

3535 HIAWATHA STREET

SUITE A-105

City

MIAMI

FL

Zip Code
33133

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

Tali Margalit/President TALI MARGALIT

4/11/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MARGALIT, TAL
CITY-ST-ZIP 19999 E. COUNTRY CLUB DR., APT. 401
AVENTURA FL 33180

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Tali Margalit TALI MARGALIT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

Date

305-904-8066

Daytime Phone #

CR2E034 (10/00)