

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90172 001 ***150.00

DOCUMENT # P00000051317

1. Entity Name
PROWAY RISK MANAGEMENT, INC.

Principal Place of Business

**3230 STIRLING RD
HOLLYWOOD FL 33021**

Mailing Address

**3230 STIRLING RD
HOLLYWOOD FL 33021**

2. Principal Place of Business *clo Gerald Cantor*
4000 Hollywood Blvd.

3. Mailing Address *clo Gerald Cantor, Esq.*
4000 Hollywood Blvd

Suite, Apt. #, etc.
Presidential Circle Suite 265 S

Suite, Apt. #, etc.
Presidential Circle Suite 265 S

City & State
Hollywood Florida

City & State
Hollywood Florida

Zip **33021** **Country** **USA**

Zip **33021** **Country** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR** **Applied For**
Not Applicable

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

~~CANTOR, JERALD C~~
~~3230 STIRLING RD~~
~~HOLLYWOOD FL 33021~~

change of address →

Name **Gerald C Cantor Esq.** *Phillips, Eisinger, Kasser & Brown PA*
Street Address (P.O. Box Number is Not Acceptable)
4000 Hollywood Blvd
Presidential Circle Suite 265 S
City **Hollywood** **FL** **Zip Code** **33021**

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 *Gerald C. Cantor, Attorney at Law*

4/18/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **OLIVERI, ANGELO**
STREET ADDRESS **3230 STIRLING RD**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **PD** ☒ **Change** ☐ **Addition**
NAME **Angelo Oliveri** *clo Gerald Cantor*
STREET ADDRESS **4000 Hollywood Blvd.** *address of*
CITY-ST-ZIP **Hollywood, FL 33021** *Presidential Circle 265 S*

TITLE ☐ **Delete**
NAME
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

Date

954-476-9202

Daytime Phone #

CR2E034 (9/01)