

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90495 047 \*\*\*150.00

05/27/02 08:00 AM

**DOCUMENT # P01000054573**  
 1. Entity Name  
**CANTEXUS INDUSTRIES, INC.**

Principal Place of Business      Mailing Address  
**13935 NW 1ST AVE**      **13935 NW 1ST AVE**  
**MIAMI FL 33168**      **MIAMI FL 33168**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**315 SE MIZNER BLVD**      Suite, Apt. #, etc.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**207**  
 City & State      City & State  
**BOCA RATON, FL**  
 Zip      Country      Zip      Country  
**33432**      **USA**

4. FEI Number **05-1105549**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NAJUM, CLAUDIO**  
**13935 NW 1ST AVE**  
**MIAMI FL 33168**

7. Name and Address of New Registered Agent  
 Name **CLAUDIO NAJUM**  
 Street Address (P.O. Box Number is Not Acceptable)  
**315 SE MIZNER BLVD # 207**  
 City **BOCA RATON, FL**      FL      Zip Code **33432**

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 *Claudio Najum*  
 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 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>NAJUM, CLAUDIO</b>
STREET ADDRESS	<b>13935 NW 1ST AVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33168</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLAUDIO NAJUM</b>
STREET ADDRESS	<b>315 SE MIZNER BLVD # 207</b>
CITY-ST-ZIP	<b>BOCA RATON, FL 33432</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

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 *Claudio Najum Pres.*      Date **1-7-02**      Daytime Phone # **305-688-9694**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)