8/11/

FILED
Sep 02, 2003 8:00 am
Secretary of State

08-11-2003 90289 017 ***150.00
09-02-2003 90193 005 ***400.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000071460

1. Entity Name
THE LAW OFFICES OF JONATHAN ZANE KANTOR, P.A.

[redacted]

Principal Place of Business
640 S. MIAMI, SECOND FLOOR
MIAMI, FL 33130

Mailing Address
640 S. MIAMI, SECOND FLOOR
MIAMI, FL 33130

[redacted]

2. Principal Place of Business | 3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1128926 | Applies For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KANTOR, JONATHAN Z
770 BLOUGHTON ISLAND DR., #1116
MIAMI, FL 33131-2817

7. Name and Address of New Registered Agent
Name: Same
Street Address (P.O. Box Number is Not Acceptable): 640 S. Miami Ave 2nd Floor
City: Miami FL Zip Code: 33130

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: 7/25/03
Registered Agent's Signature (Required if registered agent is a business entity) DATE

[redacted]

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

10. OFFICERS AND DIRECTORS

Title / Name / Street Address / City-St-Zip	
D	☐ Delete
KANTOR, JONATHAN Z	
770 BLOUGHTON ISLAND DR., #1116	
MIAMI, FL 33131-2817	
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Title / Name / Street Address / City-St-Zip	
Jonathan Z. Kantor	☐ Change ☐ Addition
640 S. Miami Ave	
Miami FL 33130	
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

CFDE004 (10/02)

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, and all other like empowered.

SIGNATURE: 7/25/03
Electronic Affixation of Name is deemed to have the same legal effect as the original signature. Date Electronic Name