

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90376 046 ***150.00

DOCUMENT # P01000100496

1. Entity Name
 CANTOR, INC.

Principal Place of Business

1500 NW 62ND STREET SUITE 401
 FORT LAUDERDALE FL 33309

Mailing Address

1500 NW 62ND STREET SUITE 401
 FORT LAUDERDALE FL 33309

2. Principal Place of Business

6360 NW 5TH WAY
 Suite, Apt. #, etc.
 103

3. Mailing Address

6360 NW 5TH WAY
 Suite, Apt. #, etc.
 103

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE

4. FEI Number

65-1145026

Applied For

Not Applicable

Zip
 33309

Country

USA

Zip

33309

Country

USA

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

6. Name and Address of Current Registered Agent

GWYNN-JONES, HUW
 1500 NW 62ND STREET SUITE 401
 FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name: GWYNN-JONES, HUW
Street Address (P.O. Box Number is Not Acceptable)
 6360 NW 5TH WAY, SUITE 103
City FORT LAUDERDALE **FL** **Zip Code** 33309

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 HUW GWYNN-JONES

[Signature] PRESIDENT

04/22/02

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GWYNN-JONES, HUW	
STREET ADDRESS	1500 NW 62ND STREET SUITE 401	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
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	D/P/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWYNN-JONES, HUW	
STREET ADDRESS	6360 NW 5TH WAY, SUITE 103	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIEBERMAN, RONALD B.	
STREET ADDRESS	6360 NW 5TH WAY, SUITE 103	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
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)(f), 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]* GWYNN-JONES

04/22/02 954 202 0188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0313129 AV

CR2E034 (9/01)