

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0153711 FP

DOCUMENT # P02000068106

1. Entity Name
CANE OF SOUTH FLORIDA, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 30 AM 8:00

Principal Place of Business
1147 OLD OKEECHOBEE RD. #10
WEST PALM BEACH FL 33401

Mailing Address
1147 OLD OKEECHOBEE RD. #10
WEST PALM BEACH FL 33401

1148 NOT 1147



2. Principal Place of Business
5730 NE 18th Ave.

3. Mailing Address
SAME

Suite, Apt. #, etc.

3/27/03 90130 002 \$150.00
☐ CHECK HERE IF MAKING CHANGES MRD

City & State
Ft. Lauderdale, FL

City & State

Zip 33334 **Country** per. Nazeema Moonab (7/30/03 mrs)

4. FEI Number
37-1434050

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

6. Name and Address of Current Registered Agent

MOONAB, NAZEEMA
1147 OLD OKEECHOBEE RD. #10
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
5730 NE 18th Ave.

City Ft. Lauderdale FL Zip Code 33334

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOONAB, NAZEEMA			NAME			
STREET ADDRESS	5730 N.E. 18TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33334			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date _____ Daytime Phone # 561-644-5577

CR2E034 (4/03)

Attachment

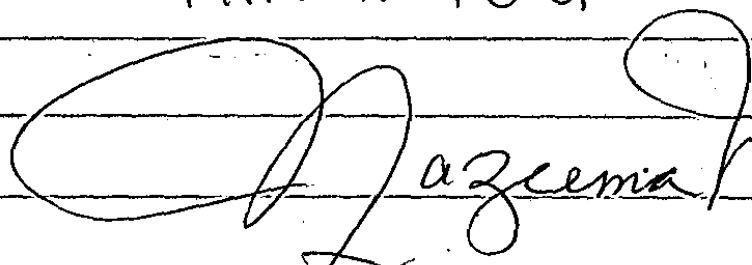
CANE OF SOUTH FLORIDA, INC.
1148 OLD OKEECHOBEE RD #10
WEST PALM BEACH, FL 33401

TO WHOM IT MAY CONCERN: P20000068106

I RECEIVED A DUPLICATE COPY OF THE
2003 UNIFORM BUSINESS REFORM STATING
I NEED TO FILE BY 9-10-2003 AND
PAY A LATE FEE OR MY CORPORATION
WILL BE DISSOLVED.

I FILED ON TIME BEFORE THE MAY 1ST
2003 DEADLINE. PLEASE HAVE THIS
MATTER RESOLVED. I INCLUDED IS A
COPY OF ^{THE} RETURNED CHECK STATED I
FILED ON TIME.

THANK YOU


PRESIDENT

561-644-5577