

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12767

1. Entity Name

CAN-ED, INC.

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90402 021 ***550.00

Principal Place of Business

Mailing Address

C/O STEVEN M. SAMAHA, ESQ
201 N. FRANKLIN ST. #2100
TAMPA FL 336902

C/O STEVEN M. SAMAHA ESO
P.O. BOX 3433
TAMPA FL 33601-3433



DO NOT WRITE IN THIS SPACE

c/o Steven M. Samaha, Esq.

2. Principal Place of Business

201 N. Franklin St.

3. Mailing Address

Suite, Apt. #, etc.

Suite 2200

City & State

Tampa, FL

Zip

33602

Country

USA

Suite, Apt. #, etc.

City & State

4. FEI Number 75-1767283

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

SAMAH,STEVEN M.,ESQ.
201 N. FRANKLIN STREET
SUITE 2100
TAMPA FL 33602

Name
Steven M. Samaha, Esq.
Street Address (P.O. Box Number is Not Acceptable)
201 N. Franklin St.
Suite 2200
City Tampa FL Zip Code 33602

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVD	<input type="checkbox"/> Delete
NAME	WEISLER, MARVIN	
STREET ADDRESS	13817 SUMMIT DR	
CITY-ST-ZIP	CANADA AB TS-N358	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WEISLER, DONNA	
STREET ADDRESS	1817 SUMMIT DR	
CITY-ST-ZIP	EDMONTON AL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SISKIND,ROBERT	
STREET ADDRESS	SUITE 303, 252 PALL MALL STREET	
CITY-ST-ZIP	LONDON ON N6A 5	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAUM,LESTER	
STREET ADDRESS	SUITE 130, 8950 NORTH CENTRAL EXPRESSWAY	
CITY-ST-ZIP	DALLAS TX	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	T5N-3S8	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)