

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90112 041 \*\*\*158.75

**DOCUMENT # P93000051020**

1. Entity Name  
**CANTEK USA MICRO CORPORATION**



Principal Place of Business  
**4803 GEORGIA AVE  
WEST PALM BEACH FL 33405**

Mailing Address  
**4803 GEORGIA AVE  
WEST PALM BEACH FL 33405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0847025**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CANTON, WILLIAM  
1407 TAHOE CT.  
LAKE WORTH FL 33461**

Name **JACK Joseph Rosen**  
Street Address (P.O. Box Number is Not Acceptable)  
**4803 Georgia Ave**  
City **West Palm Bch** FL Zip Code **33405**

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.

**JACK ROSEN**

**1/14/03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **CANTON, WILLIAM FRANK**  
STREET ADDRESS **1407 TAHOE COURT**  
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **P** ☒ Change ☒ Addition  
NAME **Rosen, Jack Joseph**  
STREET ADDRESS **4803 Georgia Ave**  
CITY-ST-ZIP **West Palm Bch FL 33405**

TITLE **V** ☐ Delete  
NAME **ROSEN, JACK JOSEPH**  
STREET ADDRESS **1407 TAHOE COURT**  
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **V** ☒ Change ☐ Addition  
NAME **Rosen Jack Joseph**  
STREET ADDRESS **4803 Georgia Ave**  
CITY-ST-ZIP **West Palm Bch FL 33405**

TITLE **S** ☐ Delete  
NAME **ROSEN, CLAIRE MARIE**  
STREET ADDRESS **1407 TAHOE COURT**  
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **S** ☒ Change ☐ Addition  
NAME **Rosen Claire Marie**  
STREET ADDRESS **4803 Georgia Ave**  
CITY-ST-ZIP **West Palm Bch FL 33405**

TITLE **T** ☒ Delete  
NAME **CANTON, GAYLE MARIE**  
STREET ADDRESS **1407 TAHOE COURT**  
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **T** ☒ Change ☒ Addition  
NAME **Rosen, Jack Joseph**  
STREET ADDRESS **4803 Georgia Ave**  
CITY-ST-ZIP **West Palm Beach FL 33405**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/03 561671 9968**  
Date Daytime Phone #

CR2E034 (10/02)