

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90240 023 ***150.00

DOCUMENT # P93000059138

1. Entity Name

CANNONTEX INTERNATIONAL, INC.

Principal Place of Business

**5030 CHAMPION BLVD
 SUITE D-3
 BOCA RATON FL 33496**

Mailing Address

**21059 SWEETWATER LANE NORTH
 BOCA RATON FL 33428-1027**

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

65-0435752

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

PINZON, CARMEN

**21059 SWEETWATER LANE NORTH
 BOCA RATON FL 33428**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2002 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	PSTD	<input checked="" type="checkbox"/> Delete
NAME	ESGUERRA, JUAN C	
STREET ADDRESS	21059 SWEETWATER LANE NORTH	
CITY-ST-ZIP	BOCA RATON FL 33428-1027	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	ESGUERRA, JUAN P	
STREET ADDRESS	5030 CHAMPIONBLVD, D-3	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	PINZON, CARMEN	
STREET ADDRESS	21059 SWEETWATER LANE NORTH	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	ESGUERRA, JUAN C	
STREET ADDRESS	5030 CHAMPION BLVD, D-3	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMEN PINZON	
STREET ADDRESS	21059 Sweetwater Ln N	
CITY-ST-ZIP	Boca Raton FL 33428	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESGUERRA JC	
STREET ADDRESS	5030 Champion Blvd - D-3	
CITY-ST-ZIP	Boca Raton FL 33496	
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] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02

Date

Daytime Phone #

CR2E034 (9/01)