

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000092350

1. Entity Name

CAN DEAL INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90022 017 ***150.00

Principal Place of Business

Mailing Address

21218 ST. ANDREWS BLVD.
SUITE 302
BOCA RATON FL 33433

230 S. MILITARY TRAIL
DEERFIELD BEACH FL 33351-7968
US

2. Principal Place of Business

3. Mailing Address

4592 Hiatus Road

4592 Hiatus Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sunrise, FL

City & State
Sunrise, FL

4. FEI Number 65-0634671

Applied For
Not Applicable

Zip
33351-7988

Country
USA

Zip
33351-7988

Country
USA

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

GERSTEIN, WILLIAM
1300 N. FEDERAL HWY
#203
BOCA RATON FL 33432

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
SNIDER, BARBARA
230 S. MILITARY TRAIL
DEERFIELD BCH FL 33442 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
SNIDER, GARY
230 S. MILITARY TRAIL
DEERFIELD BEACH FL 33442 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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

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:

Barbara Snider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/2000 (954) 741-8346

Date

Daytime Phone #

CR2E034 (9/99)