

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90053 027 ***150.00

0279739

DOCUMENT # P95000092350

1. Entity Name

CAN DEAL INC.

Principal Place of Business

**4592 HIATUS RD
SUNRISE FL 33351-7988**

Mailing Address

**4592 HIATUS RD
SUNRISE FL 33351-7988
US**

2. Principal Place of Business

4891 N.W. 103 AVE

Suite, Apt. #, etc.

11H

3. Mailing Address

21218 ST. ANDREWS BLYD.

Suite, Apt. #, etc.

302

City & State

SUNRISE FL

City & State

BOCA RATON FL

Zip

33351

Country

USA

Zip

33433

Country

USA

4. FEI Number

65-0634671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2001 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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
NAME **BARBARA SNIDER**
STREET ADDRESS **4891 N.W. 103 AVE #11H**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **DST** ☒ Change ☐ Addition
NAME **SNIDER, GARY**
STREET ADDRESS **4891 N.W. 103 AVE #11**
CITY-ST-ZIP **SUNRISE FL 33351**

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

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

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

TITLE ☐ Change ☐ 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: *Barbara Snider*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01

Date

954-741-8346

Daytime Phone #

CR2E034 (10/00)