

2001-UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State
 05-11-2001 90125 028 ***150.00

DOCUMENT # P96000025184
1. Entity Name C.A.N. ENTERPRISES INC. ✓

Principal Place of Business 1814 NE 185th Ave 802
Mailing Address 1814 NE 185th Ave 802
 No Miami Beach FL 33179 No Miami Beach FL 33179

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 Newman, Frederick T.
 1814 NE 185th Ave 802
 No Miami Beach FL 33179

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. ☐ **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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
	NEWMAN, David A	1814 NE 185th Ave 802	No Miami Beach FL 33179	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
	NEWMAN, Frederick T.	1814 NE 185th Ave 802	No Miami Beach FL 33179	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
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: _____
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 6/25/01 Daytime Phone # 305-940-3415

CR2E034 (11/00)