

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082831

1. Entity Name

CINTEL FLORIDA, INC.

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90055 029 ***150.00

Principal Place of Business

Mailing Address

5145 CITY STREET
ORLANDO FL 32839

5145 CITY STREET
ORLANDO FL 32839-4502

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 59-3429784

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

951001



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHNSON, LORAN A
215 NORTH EOLA DRIVE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name JOEL K. SLATER

Street Address (P.O. Box Number is Not Acceptable)
5145 City STREET

City ORLANDO

FL

Zip Code 32839

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]

JOEL K. SLATER 4-20-00

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 PASD
NAME MORTON, HENRY
STREET ADDRESS 1090 DON MILLS RD., SUITE 600
CITY-ST-ZIP DON MILLS, TORONTO, ONTARIO ☐ Delete

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

TITLE CSD
NAME MORTON, PAUL
STREET ADDRESS 1090 DON MILLS RD., SUITE 600
CITY-ST-ZIP DON MILLS, TORONTO, ONTARIO ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

[Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00

Date

416-444-6660

Daytime Phone #