

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011195

1. Entity Name

J.C. CANTAVE, INC.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90245 030 \*\*\*150.00

Principal Place of Business

625 NORTHEAST 124 STREET, SUITE B  
NORTH MIAMI FL 33161

Mailing Address

625 NORTHEAST 124 STREET, SUITE B  
NORTH MIAMI FL 33161

2. Principal Place of Business

12320 N.E. 6th Avenue

3. Mailing Address

12320 N.E. 6th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami Florida

City & State

North Miami Florida

4. FEI Number

65-0735713

Applied For

Not Applicable

Zip

33161

Country

U.S.A.

Zip

33161

Country

U.S.A.

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

CANTAVE, JEAN-CLAUDE  
1970 N.W. 180TH STREET  
MIAMI FL 33056

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
CANTAVE, JEAN-CLAUDE P  
625 NORTHEAST 124 STREET, SUITE B  
NORTH MIAMI FL 33161 ☐ Delete

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

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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:

*Jean-Claude P. Cantave*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean-Claude P. Cantave 4-28-2001 (305) 899-7712

Date

Daytime Phone #

CR2E034 (10/00)