

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2001 8:00 am
Secretary of State

DOCUMENT # P98000004177

1. Entity Name
CANTEL WAREHOUSE VENTURE III, INC.

DEPARTMENT OF STATE
 (LA)

05-15-2001 90200 006 ****61.25
 06-14-2001 90013 008 ****88.75

Principal Place of Business
 782 NW 42ND AVE
 STE 555
 MIAMI FL 33126

Mailing Address
 782 NW 42ND AVE
 STE 555
 MIAMI FL 33126



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0823514**

Applied For
 Not Applicable

Zip Country

Zip Country

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

O'NAGHTEN, JUAN T
2665 SOUTH BAYSHORE DRIVE SUITE 1100
MIAMI FL 33133

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	D	<input type="checkbox"/> Delete
STREET ADDRESS	CARRERA, ANTONIO J JR	
CITY-ST-ZIP	782 NW 42ND AVE STE 555	
	MIAMI FL 33126	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	O'Naghten, Juan T.	
CITY-ST-ZIP	2665 So. Bayshore Dr., Suite 200	
	Miami FL 33137	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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 filers empowered.

SIGNATURE: *Juan T. O'Naghten*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 (305) 285-0812
Date Daytime Phone #