

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90200 012 \*\*\*150.00

**DOCUMENT # P98000027574**

1. Entity Name  
**ROBYN KATZMAN CANTOR, P.A.**



Principal Place of Business  
**7737 N. UNIVERSITY DRIVE  
#104  
TAMARAC FL 33321**

Mailing Address  
**7737 N. UNIVERSITY DRIVE  
#104  
TAMARAC FL 33321**



2. Principal Place of Business

3. Mailing Address

**4833 n.w. 97 Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Coral Springs, FL**

Zip

Country

Zip

Country

**33076**

**U.S.A.**

4. FEI Number

**65-0830556**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CANTOR, ROBYN K  
7737 N. UNIVERSITY DRIVE  
#104  
TAMARAC FL 33321**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>D</b>	<b>CANTOR, ROBYN K</b>	<b>7737 N. UNIVERSITY DRIVE</b>	<b>TAMARAC FL 33321</b>	<input type="checkbox"/>					
				<input type="checkbox"/>						
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				<input type="checkbox"/>						

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/21/03**

CR2E034 (10/02)