

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91146 018 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P99000085614**

1. Entity Name  
**CNT FINANCIAL GROUP, INC.**

Principal Place of Business  
2466 HOLLYWOOD BLVD  
STE 312  
HOLLYWOOD, FL 33029  
← **57E 119**

Mailing Address  
2466 HOLLYWOOD BLVD  
STE 312  
HOLLYWOOD, FL 33029  
← **57E 119**

2. Principal Place of Business  
**SAME**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**SUITE # 119**

Suite, Apt. #, etc.  
**SUITE # 119**

City & State  
**SAME**

City & State  
**SAME**

4. FEI Number  
**85-0967278**

Approved For  
 Not Applicable

5. Certificate of Status Desired  
 **68.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CASMAS, DANIEL K**  
2580 NORTH 38TH AVE.  
HOLLYWOOD, FL 33021

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 accepts 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

9. Election Campaign Financing Trust Fund Contribution  
 **\$5.00** May be Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this report complies with the definition stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information provided on this report or by documents reported on here and recorded 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 member of the limited liability partnership or limited liability company reported on here; that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an office or employment.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

OFFICE PHOTO: \_\_\_\_\_

90126883



CHECK HERE IF MAKING CHANGES

2003 FOR PROFIT CORPORATION