

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S64087

1. Entity Name

CANTEAL FLORIDA, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90046 048 \*\*\*150.00

Principal Place of Business

107 NORTH DRIVE  
ISLINGTON, ONTARIO M9A 4R5

Mailing Address

5440 EAGLES POINT CIRCLE  
#403  
SARASOTA FL 34231-9173  
US

2. Principal Place of Business

3. Mailing Address

5430 EAGLES POINT CIR

Suite, Apt. #, etc.

APT #403

CITY & STATE  
SARASOTA FL

Zip

34231

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0275656

Applied For

Not Applicable

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

BRAAM, JOHN  
5440 EAGLES POINT CIRCLE  
#403  
SARASOTA FL 34231

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, 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	P	<input type="checkbox"/> Delete
NAME	PTAK, THEADORE W.	
STREET ADDRESS	107 NORTH DR.	
CITY-ST-ZIP	ISLINGTON ONTARIO	
TITLE	V	<input type="checkbox"/> Delete
NAME	PTAK, ALICE M.	
STREET ADDRESS	107 NORTH DR.	
CITY-ST-ZIP	ISLINGTON ONTARIO	
TITLE	V	<input type="checkbox"/> Delete
NAME	DENNIS, JAMES L	
STREET ADDRESS	26 LAREDO COURT	
CITY-ST-ZIP	NORTH YORK, ONTARIO M2M- 4H6	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8 Feb 2000 941-923-2626

CR2E034 (9/99)