

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

DOCUMENT # **5071402**

1. Entity Name **Steven M Kantor PA
7860 Peters Rd F-110
Plantation, FL 33324**

FILED

02 MAR 11 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7860 Peters Rd

3. Mailing Address

Suite, Apt. #, etc.
F-110

Suite, Apt. #, etc.

City & State
Plantation

City & State

Zip **33324** Country **Brazil**

Zip Country

4. FEI Number
65-0293204

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **Steven M. Kantor**

Street Address (P.O. Box Number is Not Acceptable)
1550 NW 96 Ave

City **Plantation** FL Zip Code **33322**

**DO NOT WRITE
IN THIS SPACE**

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

Steven M. Kantor

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Pres
Steve Kantor
1550 NW 96 Ave
Plantation, FL 33322**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**700005172587--0
-03/27/02--01074--022
****300.00 ****300.00**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Steven M. Kantor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-02 (954) 474-8500

Date Daytime Phone #

CR2E034B (12/01)