## 2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE** 

## **FILED** DOCUMENT # P99000012066 May 10, 2000 8:00 am 1. Entity Name Secretary of State KANAVAS, INC. 05-10-2000 90109 026 \*\*\*150.00 Principal Place of Business Mailing Address 4350 MARALDO AVE. 4350 MARALDO AVE. N. PORT FL 34287 N. PORT FL 34223-2731 2. Principal Place of Business Mailing Address 401 401 HR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number ENGLEWOOD 65-089324*0* Not Applicable NG-1 Country ひろり \$8.75 Additional Countri 5. Certificate of Status Desired บรล 199 Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KANAVAS, DEBORAH Street Address (P.O. Box Number is Not Acceptable) 4350 MARALDO AVE. N. PORT FL 34287 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE , X Change Delete TITLE DEBORAH KANAVAS KANAVAS, DEBORAH NAME NAME ARTISTS HUE STREET ADDRESS STREET ADDRESS 4350 MARALDO AVE. ENGLEWOOD 342<u>23</u> CITY-ST-ZIP CITY-ST-7IP N. PORT FL 34287 ☐ Addition TITLE □ Delete TITLE PETER KAN KANAVAS, PETER NAME NAME 401 ARTIST STREET ADDRESS 4350 MARALDO AVE. STREET ADDRESS 34223 CITY-ST-ZIP CITY-ST-ZIP N. PORT FL 34287 Delete... TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change , Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIT! F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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