

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90070 016 ***150.00

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1. Entity Name

LAW OFFICES OF RONALD SCOTT KANIUK, P.C.



Principal Place of Business

240 MADISON AVE, 7TH FLOOR
NEW YORK NY 10016

Mailing Address

240 MADISON AVE, 7TH FLOOR
NEW YORK NY 10016

50018036



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

350 Fifth Avenue

3. Mailing Address

350 Fifth Avenue

Suite, Apt. #, etc.

Suite 2418

Suite, Apt. #, etc.

Suite 2418

City & State

NY NY

City & State

NY NY

Zip

10118

Country

USA

Zip

10118

Country

USA

4. FEI Number

20-0616528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KANIUK, LOIS
17674 SCARSDALE WAY
BOCA RATON FL 33496

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 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, 2005 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

TITLE P ☐ Delete
NAME KANIUK, RONALD S
STREET ADDRESS 240 MADISON AVE, 7TH FLOOR
CITY-ST-ZIP NEW YORK NY 10016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE KANIUK, RONALD S ☒ Change ☐ Addition
NAME
STREET ADDRESS 350 Fifth Avenue, Suite 2418
CITY-ST-ZIP NY NY 10118

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/05 212 967
0895