

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G53231

1. Entity Name

KIDNEY VAN, INC.

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90009 038 \*\*\*158.75

C0043413



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business<br><del>5666 SEMINOLE BLVD. STE. 6</del><br>5666 SEMINOLE BLVD. STE. 6<br>SEMINOLE FL 34642-7328<br>US | Mailing Address<br><del>5666 SEMINOLE BLVD. STE. 6</del><br>5666 SEMINOLE BLVD. STE. 6<br>SEMINOLE FL 33772-7328<br>US |
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|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>P.O. Box 47069<br>Suite, Apt. #, etc. |
| City & State  | City & State<br>St. Petersburg Florida                      |
| Zip<br>Country  | Zip<br>Country<br>33743-7069 Pinellas                       |

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-2338432 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                  |  |
|----------------------------------|--|
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|--|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>MALTI, JOSSETTE S.<br>5666 SEMINOLE BLVD. #6<br>SEMINOLE FL 33542 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
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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 \_\_\_\_\_ (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) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|--|

| 11. OFFICERS AND DIRECTORS                     |  |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |
|--|--|---------------------------------|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSDT<br>MALTI, JOSSETTE S<br>5666 SEMINOLE BLVD. #6<br>SEMINOLE FL | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |

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: Josette S. Malti CEO Date: 3-16-2000 Daytime Phone #: 723-580-1337

CR2E034 (9/99)