

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90078 014 ***150.00

0416982 AV

DOCUMENT # G57912

1. Entity Name

ABEONA CORPORATION

Principal Place of Business

**814 SEABREEZE DR.
 RUSKIN FL 33570**

Mailing Address

**814 SEABREEZE DR.
 RUSKIN FL 33570**

80061436



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-5337863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DYAL, LUCIUS M., JR.
 501 EAST KENNEDY BLVD., SUITE 1400
 TAMPA FL 33602**

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.

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, 2002 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

TITLE **D** ☐ Delete
 NAME **KAISER, THERESA K.**
 STREET ADDRESS **119 MORNING GLORY CIRCLE**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **D** ☐ Delete
 NAME **KESTNER, HARRY, F., JR.**
 STREET ADDRESS **6488 N.W. 20TH ST.**
 CITY-ST-ZIP **MARGATE, FL**

TITLE **D** ☐ Delete
 NAME **MCNEAL, NANCY K.**
 STREET ADDRESS **1970 N.E. 55TH ST.**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☐ Delete
 NAME **KESTNER, MARY M.**
 STREET ADDRESS **2500 NE 48TH LN #801**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **PD** ☐ Delete
 NAME **KESTNER, EDWARD J**
 STREET ADDRESS **814 SEABREEZE DRIVE**
 CITY-ST-ZIP **RUSKIN, FL 00000**

TITLE **S** ☐ Delete
 NAME **KAISER, THERESA K**
 STREET ADDRESS **119 MORNING GLORY CIRCLE**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Edward J. Kestner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward J. Kestner

4/2/02 (813) 645-2457

Date

Daytime Phone #

CR2E034 (9/01)