

2000 UNIFORM BUSINESS REPORT (UBR)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 2000 8:00 am Secretary of State

05-05-2000 90047 026 ***150.00

DOCUMENT # K 59323 Corporation Name

KAU LASER CORPORATION

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

Principal Place of Business

401 BISCAYNE BLVR.

Suite, Apt. #, etc.

S- 224

City & State

MIAMI FL,

Zip

33132

Country

25 USA

2a. Mailing Address

26 401 BISCAYNE BLVR.

Suite, Apt. #, etc.

27 S- 224

City & State

28 MIAMI FL,

Zip

29 33132

Country

30 USA

3. Date Incorporated or Qualified

01/19/1989

4. FEI Number

59-2925746

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

FERNANDES,NERCIO JOSE MONTEIRO

401 BISCAYNE BLVD.STE # 224

MIAMI FL,33132

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 5/4/00

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D FERNANDES,NERCIO JOSE MONTEIRO 401 BISCAYNE BLVD. STE # 224 MIAMI FL,33132

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

☐ Change ☐ Addition

D FERNANDES, KARLA 401 BISCAYNE BLVD. STE # 224 MIAMI FL,33132

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

S FERNANDES,KATIA 401 BISCAYNE BLVD. STE # 224 MIAMI FL,33132

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 annual report or supplemental annual 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 12 or Block 13 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: 5-4-00

Daytime Phone #

CR2E034 (11/98)