

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90295 021 ***150.00

DOCUMENT # K85042

1. Entity Name
KANE & MAQUEIRA MD'S PA

Principal Place of Business C/O STEVEN E. LESSER 3820 TAMPA ROAD, STE 202 PALM HARBOR FL 34684	Mailing Address C/O STEVEN E. LESSER 3820 TAMPA ROAD, STE 202 PALM HARBOR FL 34684
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2. Principal Place of Business C/O Jesse A. Kane	3. Mailing Address C/O Jesse A. Kane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-2948680	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
KANE, JESSE
3820 TAMPA RD
SUITE 202
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable):
City: 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: DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KANE, JESSE A. 3820 TAMPA RD, STE 202 PALM HARBOR FL 34684	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAQUEIRA, JUSTO 3820 TAMPA RD STE 202 PALM HARBOR FL 34684	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/17/01 Day: 727 786 8678

CR2E034 (10/00)