## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Jun 04, 2002 8:00 am Secretary of State

05-09-2002 90041 029 \*\*\*150.00

DOCUMENT# L77449 1. Entity Name KANEVSKY CORPORATION DO NOT WRITE IN THIS SPACE 91391 2. Principal Place of Business Mailing Address 231-Street 231-174 Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2012 STE STE 2012 City & State City & State 4. FEI Number Applied For Mizmi Bezchi P. MIZMI 65-0200 228 Not Applicable 33160 Zip \$8.75 Additional 5. Certificate of Status Desired 33160 Fee Required U.S.M 7.=Name and Address of Current Registered Agent ... KANEVSKY DO NOT WRITE Street Address (P.O. Box Number is No IN THIS SPACE Mizmi 33160 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so.  $\Box$ Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS Director President CR2E034B (12/01) TITLE HTI F NAME NAME LEVA KANEYEKI STREET ADDRESS STREET ADDRESS 231 174 ST. CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7IP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other tike empowered.

SIGNATURE: