

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90074 007 ***150.00

DOCUMENT # P00000000525

1. Entity Name

ISLAND RENAL DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

9000 W SHERIDAN ST. #144
PEMBROKE PINES FL 33024

9000 W SHERIDAN ST. #144
PEMBROKE PINES FL 33024

2. Principal Place of Business

3701 S.W. 47 Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

City & State

Davie

City & State

Davie

Zip

FL

Country

U.S.A.

Zip

33314

Country

U.S.A.

4. FEI Number

650971410

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRONOWITZ, KENNETH G
9000 W SHERIDAN ST. #144
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

Michael Woolery

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

3701 S.W. 47 Ave #105

City

Davie

FL

Zip Code

33314

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/01

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRONOWITZ, KENNETH G	
STREET ADDRESS	9000 W SHERIDAN ST. #144	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	President	<input type="checkbox"/> Delete
NAME	Michael Woolery	
STREET ADDRESS	3701 S.W. 47 Ave #105	
CITY-ST-ZIP	Davie, FL 33314	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Woolery	
STREET ADDRESS	3701 S.W. 47 Ave #105	
CITY-ST-ZIP	Davie, FL 33314	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)