

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038949

1. Entity Name

KANEC (USA), INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90049 012 ***150.00

Principal Place of Business

3399 NW 151 TERR
OPA-LOCKA FL 33054

Mailing Address

3399 NW 151 TERR
OPA-LOCKA FL 33026-7307

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P. O. Box 260307

Suite, Apt. #, etc.

City & State

REMBROOK PINES

Zip

33026

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0584379

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOGBO, CHUCH P.A.
2331 NO. STATE ROAD 7
STE. 124
LAUDERHILL FL 33313

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	IKEJIANI, EBERE J	
STREET ADDRESS	2321 DUNHILL AVE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	VP	<input type="checkbox"/> Delete
NAME	IKEJIANI, AZUBUEZE	
STREET ADDRESS	2321 DUNHILL AVE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	IKEJIANI, AFAM MD	
STREET ADDRESS	1916 PATTERSON ROAD	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	D	<input type="checkbox"/> Delete
NAME	IKEJIANI, OLISA MD	
STREET ADDRESS	17118 HANOVER AVE	
CITY-ST-ZIP	ALLEN PRIL MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	IKEJIANI, BONNY MD	
STREET ADDRESS	2003 FULTON RD	
CITY-ST-ZIP	CANTON OH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)