

2001 UNIFORM BUSINESS REPORT (UBR)

06-27-2001 90289 041 ***150.00
P95000038949

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DOCUMENT # P95000038949

1. Entity Name
KANEC (USA), INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV -7 PM 5:15

Principal Place of Business Mailing Address
3399 NW 151 TERR PO BOX 260307
OPA-LOCKA FL 33054 PEMBROKE PINES FL 33026

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

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 reappointing) 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, 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	P	<input type="checkbox"/> Delete
NAME	KEJIANI, EBERE J	
STREET ADDRESS	2321 DUNHILL AVE	
CITY- ST- ZIP	MIRAMAR FL 33025	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KEJIANI, AZUBUEZE	
STREET ADDRESS	2321 DUNHILL AVE	
CITY- ST- ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEJIANI, AFAM MD	
STREET ADDRESS	1916 PATTERSON ROAD	
CITY- ST- ZIP	NASHVILLE TN	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEJIANI, OLISA MD	
STREET ADDRESS	17118 HANOVER AVE	
CITY- ST- ZIP	ALLEN PRIL MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEJIANI, 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		

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: *Amber Clayton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01
Date

Daytime Phone #

CR2E034 (10/00)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>LLP000000831</u>			
1. Entity Name RETINA VITREOUS CONSULTANTS, LLP			
Principal Place of Business Address 5601 North Dixie Hwy - Suite 307 Ft Lauderdale, FL 33334		Mailing Address	
2. Principal Place of Business Address Same		3. Mailing Address Same	
Suite, Apt. #, etc. Same as above		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

01 NOV -7 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
Ronald Glatzer, MD Retina Vitreous Consultants, LLP 5601 North Dixie Highway - Suite 307 Ft. Lauderdale, FL 33334			
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 Ronald Glatzer, MD [Signature] 7-24-01
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!!

FEE IS \$25.00

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-09/27/01--01070--003

Report Due By May 1, 2001

*******25.00**

FOR OFFICE USE ONLY

9. The execution of this report as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

SIGNATURE: [Signature]