

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90021 024 \*\*\*150.00

**DOCUMENT # P98000064370**

1. Entity Name

**KANNER TRADING, CORP.**

Principal Place of Business

Mailing Address

7290 N.W. 8TH STREET  
 MIAMI FL 33126

7290 N.W. 8TH STREET  
 MIAMI FL 33126-2937

2. Principal Place of Business

4630 West McNeil Rd  
 Suite, Apt. #, etc.  
 # B-2

3. Mailing Address

4630 WEST McNeil Rd  
 Suite, Apt. #, etc.  
 # B-2

City & State

City & State

Pompano Beach, FL  
 Zip 33069 Country

POMPANO BEACH, FL  
 Zip 33069 - Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0852728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CONNER, MARY ANNE  
 235 SIDONIA AVE, #208  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **Atilio J. Zambrano**

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

4630 West McNeil Rd # B-2

City **POMPANO BEACH, FL FL**

Zip Code **33069**

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 is 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	PD	<input type="checkbox"/> Delete
NAME	ZAMBRANO, ATILIO J	
STREET ADDRESS	7290 N.W. 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VICIOSO MARRERO, EURIPIDES R	
STREET ADDRESS	7290 N.W. 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33126	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATILIO J. ZAMBRANO	
STREET ADDRESS	4630 WEST McNeil Rd # B-2	
CITY-ST-ZIP	POMPANO BEACH, FL, 33069 -	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICIOSO MARRERO, EURIPIDES R	
STREET ADDRESS	4630 West McNeil Rd # B-2	
CITY-ST-ZIP	POMPANO BEACH, FL, 33069 -	
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

3/28/2000 1-954-9717507

Date

Daytime Phone #

CR2E034 (9/99)