FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90181 043 ***150.00

740259

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101983

1. Entity Name
KANAMED INVESTMENT CORP.

Principal Place of Business: 2320 SW 21 STREET, Miami FL 33145
Mailing Address

2. Principal Place of Business	3. Mailing Address
2320 SW 21 STREE	2320 SW 21 STREET
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Miami - FL	City & State: Miami FL
Zip: 33145 Country: Miami Dade	Zip: 33145 Country: Miami Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0880379 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Victor Medina
2320 SW 21 STREET
Miami FL 33145

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 ______ 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	NAME	STREET ADDRESS	CITY-ST-ZIP
P-D-	Victor Medina	2320 SW 21St.	Miami FL. 33145
VP-D.	Teresa Kanamine	11964 SW 37 Street	Miami FL 33175
S-D.	Michael Kanamine	11964 SW 37 St-	Miami FL. 33175

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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] 4-24-00.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #