

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90632 027 ***158.75

DOCUMENT # P99000048863

1. Entity Name
KAZAN, INC.

Principal Place of Business
680 GOLDEN GATE POINT
UNIT 7
SARASOTA FL 34236

Mailing Address
680 GOLDEN GATE POINT
UNIT 7
SARASOTA FL 34236

2. Principal Place of Business
4910 14th St. West
 Suite, Apt. #, etc.
SUITE 305

3. Mailing Address
4910 14th St West
 Suite, Apt. #, etc.
SUITE 305

City & State
BRADENTON, FL

City & State
BRADENTON, FL

Zip ~~34207~~ **34207** Country
MANATEE

Zip **34207** Country
MANATEE

4. FEI Number **59-3578488**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

KAZANCIYAN, AGOP JACK
1 BEN FRANKLIN DR, UNIT 121
SARASOTA FL 34236

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, 2002 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 **DP** ☐ Delete
 NAME **KAZANCIYAN, AGOP JACK**
 STREET ADDRESS **1 BEN FRANKLIN DR, UNIT 121**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **DVP** ☐ Delete
 NAME **KAZANCIYAN, YETVART EDDIE**
 STREET ADDRESS **1 BEN FRANKLIN DR, UNIT 121**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **DVP** ☐ Delete
 NAME **KAZANCIYAN, RYAN**
 STREET ADDRESS **1 BEN FRANKLIN DR, UNIT 121**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **DST** ☐ Delete
 NAME **KAZANCIYAN, MIREY**
 STREET ADDRESS **1 BEN FRANKLIN DR, UNIT 121**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:  **AGOP JACK KAZANCIYAN** 4/17/02 941-756-4100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)