

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90996 014 \*\*\*158.75

DOCUMENT # **P99000054233**

1. Entity Name

**TAYLOR KANARICK INC.,**

Principal Place of Business

Mailing Address

2. Principal Place of Business

**13966 SW 90th Av**

Suite, Apt. #, etc.

**JJ101**

City & State

**Miami FL**

Zip

**33176**

Country

**USA**

3. Mailing Address

**13966 SW 90th Av**

Suite, Apt. #, etc.

**JJ101**

City & State

**Miami FL**

Zip

**33176**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**X (65-0937105)**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**Steve Kanarick**  
**13966 SW 90th Av JJ101**  
**Miami FL 33176**

7. Name and Address of New Registered Agent

Name **Steven KANARICK**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13966 SW 90th Av JJ101**  
**Miami FL 33176**  
 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, 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	<b>Yvette Kanarick</b>	<input type="checkbox"/> Delete
NAME	<b>13966 SW 90th Av JJ101</b>	
STREET ADDRESS	<b>Miami FL 33176 (PRESIDENT)</b>	
CITY-ST-ZIP		
TITLE	<b>Steve Kanarick</b>	<input type="checkbox"/> Delete
NAME	<b>13966 SW 90th Av. JJ101</b>	
STREET ADDRESS	<b>MIAMI FL 33176 - Vice-President</b>	
CITY-ST-ZIP		
TITLE	<b>Yvette Kanarick</b>	<input type="checkbox"/> Delete
NAME	<b>13966 SW 90th Av JJ101</b>	
STREET ADDRESS	<b>Miami FL 33176 - Secretary</b>	
CITY-ST-ZIP		
TITLE	<b>Steve Kanarick</b>	<input type="checkbox"/> Delete
NAME	<b>13966 SW 90th Av JJ101</b>	
STREET ADDRESS	<b>Miami FL 33176 - Treasurer.</b>	
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 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		
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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: **Yvette Kanarick**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/01 (305) 259-8461**

Date

Daytime Phone #

CR2E034 (11/00)