

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91562 015 ***150.00

DOCUMENT # P 990000 54233

1. Entity Name

TAYLOR KANARICK INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13966 SW 90th AV JT 101

Suite, Apt. #, etc.

MIAMI FL

City & State

33176

Zip

Country

USA

3. Mailing Address

13966 SW 90th

Suite, Apt. #, etc.

APT JT 101

City & State

MIAMI FL

Zip

33176

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

650937105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Steve Kanarick

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

13966 SW 90th AV JT 101

MIAMI FL

City

FL

Zip Code

33176

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
President/Treasurers
Yvette Kanarick P/T
13966 SW 90th AV JT 101 NIA FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Exe. V. President / SECRETARY
STEVE KANARICK V/S.
13966 SW 90th AV JT 101 NIA FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V. President - Operations
DR. June Gentle V
10551 S Dixie Hwy. MIAMI FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/02 (305) 323 1590

Daytime Phone #

CR2E034B (12/01)