

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90118 036 \*\*\*155.00

**DOCUMENT # P99000054233**

1. Entity Name  
**TAYLORKANARICK, INC.**



Principal Place of Business  
**13966 SW 90TH AVE  
APT JJ 101  
MIAMI FL 33176**

Mailing Address  
**13966 SW 90TH AVE  
APT JJ 101  
MIAMI FL 33176**



2. Principal Place of Business

3. Mailing Address

**7208 NW 43rd ST**

**7611 GRANVILLE DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**CORAL SPRINGS, FLA**

City & State

**TAMARAC FLA**

4. FEI Number **65-0937105**

Applied For  
Not Applicable

Zip **33065**

Country **U.S.**

Zip **33321**

Country **U.S.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KANARICK, STEVEN  
13966 SW 90TH AVE  
APT JJ 101  
MIAMI FL 33176**

Name **STEVEN KANARICK**  
Street Address (P.O. Box Number is Not Acceptable)  
**7611 GRANVILLE DR.**  
City **TAMARAC** FL Zip Code **33321**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **STEVEN KANARICK**

**4-8-03**  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☒ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Delete  
NAME **KANARICK, YVETTE**  
STREET ADDRESS **13966 SW 90TH AVE APT #JJ 101**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **W/SH** ☒ Change ☐ Addition  
NAME **STEVEN KANARICK**  
STREET ADDRESS **7611 GRANVILLE DR.**  
CITY-ST-ZIP **TAMARAC, FLA 33321**

TITLE **VP** ☐ Delete  
NAME **KANARICK, STEVE**  
STREET ADDRESS **13966 SW 90TH AVE APT# JJ 101**  
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **S** ☒ Delete  
NAME **KANARICK, YVETTE**  
STREET ADDRESS **13966 SW 90TH AV JJ101**  
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **T** ☐ Delete  
NAME **KANARICK, STEVE**  
STREET ADDRESS **13966 SW 90TH AV JJ101**  
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**STEVEN KANARICK**

**4-8-03 954675-1531**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)