

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

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90034 042 ***150.00

DOCUMENT # P 99000097659

1. Entity Name

KANE Imports Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2025 NE 33 AVE

Suite, Apt. #, etc.

3. Mailing Address

2025 NE 33 AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL

4. FEI Number

65-0973494

Applied For

☐ Not Applicable

Zip

33305

Country

USA

Zip

33305

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GUMSON Adam S Esq

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

C/O JUPITER COMM CENTER

6390 INDIAN TOWN ROAD

City

JUPITER

FL

Zip Code

33458

**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

Christopher H Kane

VP

3/26/02

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
D Christopher H Kane
2025 NE 33 AVE
FT LAUDERDALE FL 33305

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
PIERA KANE
2025 NE 33 AVE
FT LAUDERDALE FL 33305

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Christopher H Kane

D

3/26/02

(561) 758-1594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)