~~2002~~ UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State
03-06-2002 90008 047 ***158.75

DOCUMENT # G20485

1. Entity Name
KAREL A IMPORT EXPORT, INC.

Principal Place of Business	Mailing Address
6065 NW 167 ST. BAY B-11 MIAMI FL 33015	6065 NW 167 ST. BAY B-11 MIAMI FL 33015

826304

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2345396 ☐ Applied For ☐ Not Applic

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
DIMITRI, RAQUEL 2740 OAKBROOK LANE WESTON FL 33332	- 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $350.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Added to Fee

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DIMITRI, RAQUEL 2740 OAKBROOK LN. WESTON FL 33338	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Ac WESTON FL 33332
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ DIMITRI, RICARDO A 5343 SW 32 AV. HOLLYWOOD FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V P ☒ Change ☐ Ac
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SALAMA, ~~DEVBORAH~~ 4917 SW 33 RD TERRACE HOLLYWOOD FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Ac SALAMA DEBORAH
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DIMITRI BENEDETTO 2740 OAKBROOK LN. WESTON FL 33332 ☐ Change ☒ Ac
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A

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 informa 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 dir 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PRESIDENT RAQUEL DIMITRI 01/28/02 3058282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Doc# Attachment
G20485

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PREVIOUS FORM
WAS MAILED
WITH NO CHECK

THANK YOU