# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 15, 2002 8:00 am**
**Secretary of State**
05-15-2002 90068 036 ***150.00

DOCUMENT # P01000061361

1. Entity Name

INSTANT KARMA ENTERTAINMENT GROUP, CORP.

Principal Place of Business
3440 NE 192ND STREET
SUITE 5-G
MIAMI, FL 33180

Mailing Address

[redacted]

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 52-2324346 — Applied For / Not Applicable

Zip — Country — Zip — Country

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PYTLOWANY, PABLO
3440 NE 192ND STREET
SUITE 5-G
MIAMI, FL 33180

7. Name and Address of New Registered Agent

Name: JORGE E. OYARCE

Street Address (P.O. Box Number is Not Acceptable): C/O JE OYARCE & ASSOCIATES

199 SW 12TH AVENUE, SUITE #11

City: MIAMI FL Zip Code: 33130-1056

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: JORGE E. OYARCE 4/22/02

9. The 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 $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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P/S/T:<br>PYTLOWANY, PABLO<br>3440 NE 192ND STREET; #5-G<br>MIAMI, FL 33180<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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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 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:** PABLO PYTLOWANY, PRESIDENT 4/22/02 305-324-2248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)