

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000729

1. Entity Name

KAROSAS IN DEPTH LIMITED PARTNERSHIP

Principal Place of Business

1635 LANDS END ROAD  
PT MANALAPAN FL 33462

Mailing Address

1635 LANDS END ROAD  
PT MANALAPAN FL 33462-4761

2. Principal Place of Business

1295 Lands End Road

3. Mailing Address

1295 Lands End Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pt. Manalapan, FL

City & State

Pt. Manalapan, FL

4. FEI Number

65-0919779

Applied For

Not Applicable

Zip

Country

33462

USA

Zip

Country

33462

USA

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

KAROSAS, RAYMOND K  
1635 LANDS END ROAD  
PT MANALAPAN FL 33462

Name

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

1295 Lands End Road

City

Pt. Manalapan

FL

Zip Code  
33462

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. Capital Contributions  
as Shown on record.

\$450.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$450.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P99000041164  
NAME IHAJTL, INC.  
STREET ADDRESS 1635 LANDS END ROAD  
CITY - ST - ZIP PT MANALAPAN FL 33462

STREET ADDRESS 1295 Lands End Road  
CITY - ST - ZIP Pt. Manalapan, FL 33462

DOCUMENT #  
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STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

561-835-3741

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR 27 AM 3:05



DO NOT WRITE IN THIS SPACE

CR21 00 (07/00)