

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000000729

1. Entity Name

KAROSAS IN DEPTH LIMITED PARTNERSHIP

FILED

Principal Place of Business

1295 LANDS END ROAD
PT MANALAPAN FL 33462

Mailing Address

1295 LANDS END ROAD
PT MANALAPAN FL 33462

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Zip **Country** **Zip** **Country**

4. FEI Number 65-0919779

Applied For ☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

KAROSAS, RAYMOND K
1295 LANDS END ROAD
PT MANALAPAN FL 33462

7. Name and Address of New Registered Agent

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 _____ 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.

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	STREET ADDRESS	
NAME	IHAJTL, INC.	CITY-ST-ZIP	
STREET ADDRESS	1295 LANDS END ROAD		
CITY-ST-ZIP	PT MANALAPAN FL 33462		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
RAYMOND K. KAROSAS

Date 4/19/01 **Daytime Phone #** 561 835 3741

CR2E003 (11/00)