

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90044 021 ***150.00

DOCUMENT # G81709

1. Entity Name
KARPEL & COMPANY, P.A.

Principal Place of Business

9800 VIDOR DR. SUITE 102
LOS ANGELES CA 90035

Mailing Address

9800 VIDOR DR. SUITE 102
LOS ANGELES CA 90035

2. Principal Place of Business

1000 Bridled Ave

Suite, Apt. #, etc.

900

City & State
Miami FL

Zip
33131

Country

USA

3. Mailing Address

132 So Crescent Dr

Suite, Apt. #, etc.

101

City & State
Beverly Hills CA

Zip
90212

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2343418

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KARPEL, MIGUEL

5601 COLLINS AVE APT 1019

MIAMI FL 33140

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. 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 \$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

TITLE
PD
 NAME
KARPEL, MIGUEL
 STREET ADDRESS
5601 COLLINS AVE #1019
 CITY-ST-ZIP
MIAMI FL 33140

☐ Delete

TITLE
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 STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/02

310 278 1666

CR2E034 (9/01)