2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) J27405 **DOCUMENT #**

FILED Mar 14, 2003 8:00 am Secretary of State

ALFRED	KARRAM, INC.			03-14-2003 90083 001 ***600.00
Principal Place of Business 720 E PALMETTO PK. RD BOCA RATON FL 33432 US		Mailing Address 720 E PALMETTO PK. RD BOCA RATON FL 33432 US		T TORUNA RIJA MENI BERNI BIRNI DENAN DINI BIRNI
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 22-2731454 Applied For
Zip	Country	Zip	Country	S. Certificate of Status Desired
	6. Name and Address of Current F	legistered Agent	<u> </u>	7. Name and Address of New Registered Agent
Name				
KARRAM, 720 E. PA	. Alfred Almetto PK. RD		Street Address	s (P.O. Box Number is Not Acceptable)
BOCA RA	TON FL 33432			
4			City	FL Zip Code
8. The above the obligation	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent an	The state of the s		
		d title if applicable. (NOTE:	: Registered Agent signature requir	red when reinstating) DATE
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS AND D		11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD	☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	KARRAM, ALFRED 720 EAST PALMETTO PARK RD. BOCA RATON		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD Karram, Emilia 720 East Palmetto Park RD. Boca Raton	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
THTLE NAME STREET ADDRESS CITY-ST-ZIP	SVP KARRAM, ALFRED J 720 EAST PALMETTO PARK RD. BOCA RATON	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			NAME - STREET ADDRESS - CITY-ST-ZIP	
TITLE NAME STREET ADDRESS DITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· Change Addition
TITLE NAME STREET ADDRESS DITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
 I hereby control indicated of the corp changed. 	ertify that the information supplied with the on this report or supplemental report is true contains or the receiver or truetee empower on an attachment of the contains at the contains an attachment of the contains at the contains	is filing does not qualify for the ue and accurate and that my ared to expect this report as a all other like empowered.	he exemption stated in Se signature shall have the s required by Chapter 60.	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: