

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J96269

1. Entity Name

ALFRED KARRAM II, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90183 025 ***150.00

Principal Place of Business

720 E. PALMETTO PK RD.
BOCA RATON FL 33432
US

Mailing Address

720 E. PALMETTO PK RD.
BOCA RATON FL 33432-5104
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0015143

Applied For

Not Applicable

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

HAMBY, LOUIS L., III
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

Name

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

720 E. PALMETTO PARK RD

Boca Raton

FL

Zip Code
33482

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.

(Not E. 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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	KARRAM, ALFRED	
STREET ADDRESS	720 E. PALMETTO PARK ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	KARRAM, EMILIA	
STREET ADDRESS	720 E. PALMETTO PARK ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	KARRAM, ALFRED JR.	
STREET ADDRESS	720 E. PALMETTO PARK ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	KARRAM, ALEXANDRA	
STREET ADDRESS	720 E. PALMETTO PARK ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 #