

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K54052

1. Entity Name  
KARIZOL, INC.

Principal Place of Business  
% JOSE A. ALMANZAR  
6230 NW 199 ST  
MIAMI FL 33015

Mailing Address

% JOSE A. ALMANZAR  
6230 NW 199 ST  
MIAMI FL 33015

2. Principal Place of Business

6230 NW 199 ST

3. Mailing Address

Suite, Apt. #, etc.

Miami

Suite, Apt. #, etc.

City & State

Florida

City & State

Zip

33015

Country

Zip

Country

FILED  
Feb 21, 2001 8:00 am  
Secretary of State

02-21-2001 90010 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0094419**  Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

ALMANZAR, JOSE A.  
6230 NW 199 ST  
MIAMI FL 33015

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

JOSE A. ALMANZAR

President

2-14-01

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMANZAR, JOSE A.		NAME	
STREET ADDRESS	6230 NW 199 ST		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015		CITY-ST-ZIP	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMANZAR, DORIS		NAME	
STREET ADDRESS	6230 NW 199 ST		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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:

JOSE A. ALMANZAR

President

2-14-01

(305) 218-5567

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)