

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am  
Secretary of State

02-20-2001 90017 043 \*\*\*150.00

DOCUMENT # M14593

1. Entity Name

KARAL, INC.

Principal Place of Business

5030 CHAMPION BLVD  
SUITE G1D  
BOCA RATON FL 33496

Mailing Address

5030 CHAMPION BLVD  
SUITE G1D  
BOCA RATON FL 33496

\*NEW ADDRESS

2. Principal Place of Business

17940 N. MILITARY TR  
Suite, Apt. #, etc.  
500

3. Mailing Address

SAME

City & State  
BOCA RATON, FL

City & State

4. FEI Number

59-2518033

Applied For

Not Applicable

Zip  
33496

Country

PALM BCH

Zip

Country

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

ISROW, ALLEN N  
5030 CHAMPION BLVD.  
SUITE G1D  
BOCA RATON FL 33496

Name

ALLEN N. ISROW

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

17940 N. MILITARY TRAIL  
SUITE 500

City

BOCA RATON

FL

Zip Code

33496

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

Allen N. Isrow PRES

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/01

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 PSD ☐ Delete  
NAME ISROW, ALLEN N.  
STREET ADDRESS 5030 CHAMPION BLVD NEW ADDRESS  
CITY-ST-ZIP BOCA RATON FL

TITLE PSD ☒ Change ☐ Addition  
NAME ISROW, ALLEN N.  
STREET ADDRESS 17940 N. MILITARY TRAIL #500  
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Allen N. Isrow  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/01

Daytime Phone #

(561) 995-2299

CR2E034 (10/00)