

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90308 036 \*\*\*163.75

**DOCUMENT # P00000065487**

**1. Entity Name**  
**PAKAM -47, INC.**

**Principal Place of Business**  
**7907 TUMBLESTONE DRIVE**  
**ORLANDO FL 32819**

**Mailing Address**  
**7907 TUMBLESTONE DRIVE**  
**ORLANDO FL 32819**

**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** **59-3657884**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**KARAMAT, ANWAR**  
**7907 TUMBLESTONE DRIVE**  
**ORLANDO FL 32819**

Name

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

**1132 EPSON OAKS WAY**

City

**ORLANDO**

**FL**

Zip Code

**32837**

**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** ☒ **\$5.00. May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	KARAMAT, ANWAR	
STREET ADDRESS	7907 TUMBLESTONE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	KARAMAT, NILOFUR	
STREET ADDRESS	7907 TUMBLESTONE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	KARAMAT, ADIL	
STREET ADDRESS	7907 TUMBLESTONE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	KARAMAT, FAISAL	
STREET ADDRESS	7907 TUMBLESTONE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARAMAT, ANWAR	
STREET ADDRESS	1132 EPSON OAKS WAY,	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	DIRECTOR/SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARAMAT, NILOFUR	
STREET ADDRESS	1132 EPSON OAKS WAY,	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARAMAT, ADIL	
STREET ADDRESS	1132 EPSON OAKS WAY,	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARAMAT, FAISAL	
STREET ADDRESS	1132 EPSON OAKS WAY,	
CITY-ST-ZIP	ORLANDO, FL 32837	
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		

**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 of ANWAR KARAMAT)*

**04.13.2002 407-963-3727**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)