

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097301

1. Entity Name
Yafa KAK, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90096 014 ***150.00

Principal Place of Business
7430 SUNSHINE SKYWAY LANE, #604
ST. PETERSBURG FL 33711

Mailing Address
7430 SUNSHINE SKYWAY LANE, #604
ST. PETERSBURG FL 33711

KHALED KARAZOUN
SUBWAY 19505
11600 US HWY 19 N.
CLEARWATER FL 33764

Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3680916** 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

~~KARAZOUN, KHALED~~
7430 SUNSHINE SKYWAY LANE, #604
ST. PETERSBURG FL 33711

Name **Khaled Karazoun**
Street Address (P.O. Box Number is Not Acceptable)
11600 U.S. HWY 19 N.
City **Clearwater** FL Zip Code **33764**

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 **Khaled Karazoun** **4-11-01**
Signature, typed or printed name of registered agent and fee 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, 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	DPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARAZOUN, KHALED		NAME		
STREET ADDRESS	7430 SUNSHINE SKYWAY LANE, #604		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33711		CITY-ST-ZIP		
TITLE	DVS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREITAS, ANDREA		NAME		
STREET ADDRESS	7430 SUNSHINE SKYWAY LANE, #604		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33711		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		
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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: **Khaled Karazoun** **4-11-01** **7275480411**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)