

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90054 043 ***158.75

DOCUMENT # P01000035662

1. Entity Name

I-KARAMBA RESTURANT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5442 N.W. 90th TERR.

Suite, Apt. #, etc.

3. Mailing Address

5442 N.W. 90th TERR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SUNRISE, FLORIDA

Zip

33351

Country

USA

City & State

SUNRISE, FLORIDA

Zip

33351

Country

USA

4. FEI Number

65-1089966

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ELIZABETH BROWN

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

5442 NW 90th Terr

City

SUNRISE

FL

Zip Code

33351

**DO NOT WRITE
IN THIS SPACE**

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

Elizabeth Brown V.P. 4/16/2002

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PRESIDENT
SEAN BROWN
5442 N.W. 90th TERRACE
SUNRISE, FL. 33351

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VICE - PRESIDENT
ELIZABETH BROWN
5442 N.W. 90th TERRACE
SUNRISE, FL. 33351

TITLE
NAME
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CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sean Brown — SEAN BROWN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2002

Date

954-749-5643

Daytime Phone #

CR2E034B (12/01)