FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90240 013 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000035662

1. Entity Name

I-KARAMBA RESTAURANT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
4446 INVERRARY BLVD.	4446 INVERRARY BLVD.	
Suite, Apt. #, etc	Suite, Apt. #, etc	
City & State: LAUDERHILL, FLORIDA	City & State: LAUDERHILL, FLORIDA	
Zip: 33319 Country: USA	Zip: 33319 Country: USA	

4. FEI Number: 65-1089966 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ELIZABETH BROWN

Street Address (P.O. Box Number is Not Acceptable): 5442 N.W. 90TH TERRACE

City: SUNRISE FL Zip Code: 33351

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) ☑

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	PRESIDENT
NAME	SEAN BROWN
STREET ADDRESS	5442 N.W. 90TH TERRACE
CITY-ST-ZIP	SUNRISE FL 33351
TITLE	VICE PRESIDENT
NAME	ELIZABETH BROWN
STREET ADDRESS	5442 N.W. 90TH TERRACE
CITY-ST-ZIP	SUNRISE, FL. 33351
TITLE	
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2R2E034B (12/01)

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 4/28/2003 954-742-2336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #