

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

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90450 019 \*\*\*150.00

DOCUMENT # P01000045068

1. Entity Name

KARAT JUICE CREATIONS

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

530 JEFFERSON DR.

3. Mailing Address

(Same)

Suite, Apt. #, etc.

# 116

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DEERFIELD BCH, FL

City & State

4. FEI Number

651109258

Applied For

Not Applicable

Zip

33442

Country

US

Zip

Country

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

TIFFANY STRYDOM

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

530 JEFFERSON DR. #116

City

DEERFIELD BCH FL

Zip Code

33442

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

*T. Strydom*

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

(NOTE: Registered Agent signature required when reinstating)

4/20/02

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  
DEON STRYDOM  
530 JEFFERSON DR. #116  
DEERFIELD BCH, FL 33442

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V.P.  
TIFFANY STRYDOM  
530 JEFFERSON DR. #116  
DEERFIELD BCH FL 33442

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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

SIGNATURE:

*T. Strydom*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02

Date

954.531.0384

Daytime Phone #

CR2E034B (12/01)