FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 21 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900008564369
10/21/02--01033--007 **150.00

DOCUMENT # P01000089940

1. Entity Name

KARIALIL JOSEPH ENTERPRISES INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2334 ARROWHEAD BLVD.	2334 ARROWHEAD BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKELAND, FLORIDA	City & State: LAKELAND, FL.
Zip: 33813 Country: U.S.A	Zip: 33813 Country: U.S.A

4. FEI Number ☑ 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: SAM. K. JOSEPH

Street Address (P.O. Box Number is Not Acceptable): 2334 ARROWHEAD BLVD.

City: LAKELAND FL Zip Code: 33813

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: _____ SAM K. JOSEPH 10/11/02
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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT SAM K. JOSEPH 2334 ARROWHEAD BLLVD. LAKELAND FL 33813 / LAKELAND FL 33813
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT JOSE K. JOSEPH 2025 EMERALD RIDGE DR. LAKELAND FL 33813 / LAKELAND, FL 33813
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY VARGHESE K. JOSEPH 4929 IRONWOOD TRAIL BARTOW FL 33830 / BARTOW, FL 33830
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER PHILIP K. JOSEPH 6015 SWEET GUM RUN BARTOW FL 33830 / BARTOW, FL 33830
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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CR2E034B (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: _____ / SAM K. JOSEPH 10/11/02 (863) 519-4105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gs 10/23/02