

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90227 016 \*\*\*150.00

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

DOCUMENT # P01000118768

1. Entity Name

KARAKATA ENTERPRISES INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1267 NW 165TH AVE.

Suite, Apt. #, etc.

3. Mailing Address  
1267 NW 165TH AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
PEMBROKE PINES FL

City & State  
PEMBROKE PINES FL

4. FEI Number 651157044

Applied For  
Not Applicable

Zip  
33028

Country  
USA

Zip  
33028

Country  
USA

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

**7. Name and Address of Registered Agent**

Name A1A REGISTERED AGENT, INC.

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

25 S.E. 2ND AVENUE SUITE 1036

City MIAMI

FL Zip Code 33131

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

*Paul Smith*

PAUL SMITH, VICE PRESIDENT

02-07-03

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  
DP  
EMMANUEL A. DANSO  
1267 NW 165TH AVE.  
PEMBROKE PINES FL 33028

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
IRENE O. DANSO  
1267 NW 165TH AVE.  
PEMBROKE PINES FL 33028

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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STREET ADDRESS  
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**DO NOT WRITE  
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:

*Emmanuel A. Danso*

EMMANUEL A. DANSO, DIRECTOR

02-07-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)