

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

FILED

DOCUMENT # P94000060530

1. Entity Name

Karol Corp of Miami Inc

03 JAN 17 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

300010199723
01/17/03--01060--014 **750.00

REINSTATEMENT 02
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1012 NE 203 LN

Suite, Apt. #, etc.

3. Mailing Address 1012 NE 203 LN

Suite, Apt. #, etc.

City & State N Miami Beach FL

Zip 33179

Country USA

City & State N Miami Beach FL

Zip 33179

Country USA

4. FEI Number 65-0673203

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 Jacqueline Soares

Street Address (P.O. Box Number is Not Acceptable)
1012 NE 203 LN

City N. Miami Bch

FL

Zip Code 33179

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

Handwritten signature

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

(NOTE: Registered Agent signature required when reinstating)

01/16/03

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	P.D.S.T Carlos E.F. Amastha 1012 NE 203 LN N. Miami Bch, FL 33179
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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/2002 (305)249-7080

Date:

Daytime Phone #

Handwritten initials

CR2E034B (12/01)