

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048179

1. Entity Name  
KARPUSKA, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90199 024 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2730 N.W. 1ST AVENUE~~  
~~BOCA RATON FL 33431~~

~~2730 N.W. 1ST AVENUE~~  
~~BOCA RATON FL 33431-6608~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

802 N DIXIE HWY

Suite, Apt. #, etc.

SAME

City & State

BOCA RATON FL

City & State

4. FEI Number 65-0589574

Applied For

Not Applicable

Zip

33432

Country

FLA BOCAN

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARPUSKA, RAYMOND

~~2730 N.W. 1ST AVENUE~~

~~BOCA RATON FL 33431~~

Name

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

802 N DIXIE HWY

City

BOCA RATON

FL

Zip Code

33432

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME KARPUSKA, RAYMOND E  
STREET ADDRESS ~~2730 N.W. 1ST AVENUE~~  
CITY-ST-ZIP ~~BOCA RATON FL 33431~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS 802 N DIXIE HWY  
CITY-ST-ZIP BOCA RATON, FL 33432

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-00

CR2E034 (9/99)