

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000059070

1. Entity Name

ALFRED KARRAM IV, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90061 004 ***150.00

Principal Place of Business

Mailing Address

720 E PALMETTO PARK ROAD
BOCA RATON FL 33432
US

720 E PALMETTO PARK ROAD
BOCA RATON FL 33432-5104
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0608979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMBY, LOUIS L III
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name
ALFRED KARRAM Sr.
Street Address (P.O. Box Number is Not Acceptable)
720 E. PALMETTO PARK RD
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, hand 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

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | KARRAM, ALFRED | |
| STREET ADDRESS | 720 EAST PALMETTO PARK ROAD | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | DVT | <input type="checkbox"/> Delete |
| NAME | KARRAM, EMILIA | |
| STREET ADDRESS | 720 E. PALMETTO PARK ROAD | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | SV | <input type="checkbox"/> Delete |
| NAME | KARRAM, ALFRED | |
| STREET ADDRESS | 720 EAST PALMETTO PARK ROAD | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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 #

CR2E034 (9/99)