

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90076 037 ***150.00

DOCUMENT # P96000050376

1. Entity Name

KARIM'S INTERNATIONAL U.S.A., INC.

Principal Place of Business

**5190 N.W. 167 STREET
 SUITE 223
 MIAMI FL 33014**

Mailing Address

**5190 N.W. 167 STREET
 SUITE 223
 MIAMI FL 33014**

2. Principal Place of Business

5190 NW 167 St.

3. Mailing Address

5190 NW 167 St.

Suite, Apt. #, etc.

Suite 221

Suite, Apt. #, etc.

Suite 221

City & State

Miami FL

City & State

Miami, FL

Zip

33014

Country

USA

Zip

33014

Country

USA

4. FEI Number

65-0682966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**AMDANI, MOHAMMED ASHRA F
 5190 NW 167 ST
 223
 MIAMI FL 33014**

7. Name and Address of New Registered Agent

Name

Amdani, Mohammad Ashraf

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

5190 NW 167 St.

Suite 221

City

Miami

FL

Zip Code

33014

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]

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, 2002 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 **P** ☐ Delete
 NAME **AMDANI, MOHAMMED A**
 STREET ADDRESS **5190 NW 167 ST 223**
 CITY-ST-ZIP **MIAMI FL 33014**

TITLE **VP** ☒ Delete
 NAME **BILLOO, ZAKARIA**
 STREET ADDRESS **5190 NW 167 ST 223**
 CITY-ST-ZIP **MIAMI FL 33014**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **Amdani, Mohammad A.**
 STREET ADDRESS **5190 NW 167 St. Suite 221**
 CITY-ST-ZIP **Miami, FL 33014**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)