2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9700006334 May 15, 2000 8:00 am 1. Entity Name Secretary of State KARAMBA INC. 05-15-2000 90290 049 ***150.00 Mailing Address Principal Place of Business 5533 S ORANGE AVE 5533 S ORANGE AVE ORLANDO FL 32809 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 8239 TANSY C7 Applied For City & State 4. FEI Number City & State 59-3432660 Not Applicable ORL Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32819 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SUTTER, BERNARD R Street Address (P.O. Box Number is Not Acceptable) 3036 BIG SKY BLVD. KISSIMMEE FL 34741 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS **PVST** Change ☐ Addition TITLE Delete TITLE NOORMOHAMED, NASIM NAME NAME 8239 TANSY COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ☐ Change ☐ Addition TITLE Delete NOORMOHAMED, NASIM NAME NAME 8239 TANSY COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32819 ☐ Addition [] Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.