

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073958

1. Entity Name

KARMITA CORPORATION

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90200 006 \*\*\*150.00

Principal Place of Business

445 GRAND BAY DRIVE  
UNIT 503  
KEY BISCAYNE FL 33149

Mailing Address

445 GRAND BAY DRIVE  
UNIT 503  
KEY BISCAYNE FL 33149-1909

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2363266

Applied For

Not Applicable

Zip

Country

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

BEFELER, GEORGE  
100 S.E. 2ND ST.  
SUITE 3700  
MIAMI FL 33131

Name

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

701 BRICKELL AVENUE, SUITE 2000

City

MIAMI

FL

Zip Code

33131

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

GEORGE BEFELER

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
TRAULSEN, ILSE G  
445 GRAND BAY DRIVE, UNIT 503  
KEY BISCAYNE FL 33149

☐ Delete

TITLE  
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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

01-31-00

Date

305-365-3627

Daytime Phone #

CR2E034 (9/99)