

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90138 026 \*\*\*150.00

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**DOCUMENT # P98000035954**

1. Entity Name  
**KARKAR ENTERPRISES, INC.**

Principal Place of Business

**11401 PINES BLVD., #446  
 PEMBROKE PINES FL 33026**

Mailing Address

**11401 PINES BLVD., #446  
 PEMBROKE PINES FL 33026**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1726 MAIN STREET**  
 Suite, Apt. #, etc.

3. Mailing Address

**1726 MAIN STREET**  
 Suite, Apt. #, etc.

City & State  
**WESTON, FLORIDA.**

City & State  
**WESTON, FLORIDA**

4. FEI Number **65-0829027**

Applied For  
 Not Applicable

Zip  
**33326**

Country  
**USA**

Zip  
**33326**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MIRPURI, GIRISH  
 11401 PINES BLVD., #446  
 PEMBROKE PINES FL 33026**

7. Name and Address of New Registered Agent

Name **MIRPURI GIRISH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1726 MAIN STREET**  
 City **WESTON** **FL** Zip Code **33326**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD MIRPURI, GIRISH 11401 PINES BLVD., #446 PEMBROKE PINES FL 33026</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD MIRPURI, SANGITA 11401 PINES BLVD., #446 PEMBROKE PINES FL 33026</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1726 MAIN ST.                  WESTON, FL. 33326</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1726 MAIN ST.                  WESTON, FL. 33326</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN. 26-02** **954-217-8666**  
 Date Daytime Phone #

CR2E034 (9/01)