

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90218 039 ***150.00

DOCUMENT # P98000069437

1. Entity Name
KAR-KAR, INC.

Principal Place of Business

1329 ST TRPOEZ CIRCLE
#503
WESTON FL 33326

Mailing Address

PMB 233
2033 W. 62 STREET
HIALEAH FL 33016-2678

2. Principal Place of Business

Center
Weston 2668 Court Dr
Suite, Apt. #, etc.

3. Mailing Address

2668 Center Court Dr
Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Weston, FL

4. FEI Number

65-0858106

Applied For

Not Applicable

Zip

33332

Country

USA

Zip

33332

Country

USA
Broward

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SANTAELLA, ALBERTO
16417 TURQUOISE TRAIL
WESTON FL 33331

7. Name and Address of New Registered Agent

Name **Santaella, Alberto**

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

2668 Center Court Dr

City **Weston**

FL

Zip Code **33332**

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 **A. Santaella**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

☒ **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 **ROSALBA, SANTAELLA**
STREET ADDRESS **16417 TURQUOIST TRAIL**
CITY-ST-ZIP **WESTON FL 33331**

TITLE **STD** ☐ **Delete**
NAME **SANTAELLA, ALBERTO**
STREET ADDRESS **16417 TURQUOISE TRAIL**
CITY-ST-ZIP **WESTON FL 33331**

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 **Rosalba Santaella**
STREET ADDRESS **2668 Center Court Dr.**
CITY-ST-ZIP **Weston, FL 33332**

TITLE **STD** ☐ **Change** ☐ **Addition**
NAME **Santaella, Alberto**
STREET ADDRESS **2668 Center Court Dr.**
CITY-ST-ZIP **Weston, FL 33332**

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

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

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

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: **A. Santaella**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-02 (954) 217-0459

Date

Daytime Phone #

CR2E034 (9/01)