

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91298 030 ***158.75

DOCUMENT # P98000095303

1. Entity Name

KARMA DESIGNS, INC.

Principal Place of Business

2781 OCEAN CLUB BLVD. #304
 HOLLYWOOD FL 33019

Mailing Address

2781 OCEAN CLUB BLVD. #304
 HOLLYWOOD FL 33019

2. Principal Place of Business

353 W. 47th ST.

Suite, Apt. #, etc.

7H

3. Mailing Address

353 W 47th ST.

Suite, Apt. #, etc.

7H

City & State

MIAMI Beach FL

City & State

MIAMI BEACH FL.

Zip

33140

Country

U.S.A

Zip

33140

Country

U.S.A

4. FEI Number

65-0886947

Applied For

Not Applicable

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

COHN, DAVID M

**2781 OCEAN CLUB BLVD. #304
 HOLLYWOOD FL 33019**

Name

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

353 W. 47th ST STE # 7H

City

MIAMI Beach

FL

Zip Code

33140

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, 2001 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 **D** ☐ Delete
 NAME **COHN, DAVID M**
 STREET ADDRESS **2781 OCEAN CLUB BLVD. #304**
 CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☒ Change ☐ Addition
 NAME **353 W 47th ST. # 7H**
 STREET ADDRESS **MIAMI BEACH FL. 33140**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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 an office, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

305 532 7741

Date

Daytime Phone #

CR2E034 (10/00)