

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90123 033 ***150.00

B0020618



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000100423

1. Entity Name

KARPATY EXPORT AND IMPORT, INC.

Principal Place of Business

Mailing Address

2671 E. SARATOGA DRIVE
 COOPER CITY FL 33026

2671 E. SARATOGA DRIVE
 COOPER CITY FL 33026-5010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0880372

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

Name

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

City

FL

Zip Code

OLIN, MITCHELL J ESQ
 1290 E OAKLAND PARK BLVD., SUITE 101
 FT. LAUDERDALE FL 33021

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD IWASKIEWYCH, JOHN 2671 E. SARATOGA DRIVE COOPER CITY FL 33026 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2671 E. SARATOGA DRIVE	NAME	
ST-ZIP	COOPER CITY FL 33026	STREET ADDRESS	
TITLE	VD IWASKIEWYCH, DANIEL 2671 E. SARATOGA DRIVE COOPER CITY FL 33026 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2671 E. SARATOGA DRIVE	NAME	
ST-ZIP	COOPER CITY FL 33026	STREET ADDRESS	
TITLE	SD IWASKIEWYCH, OLGA 2671 E. SARATOGA DRIVE COOPER CITY FL 33026 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2671 E. SARATOGA DRIVE	NAME	
ST-ZIP	COOPER CITY FL 33026	STREET ADDRESS	
TITLE	TD IWASKIEWYCH, PETER 2671 E. SARATOGA DRIVE COOPER CITY FL 33026 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2671 E. SARATOGA DRIVE	NAME	
ST-ZIP	COOPER CITY FL 33026	STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Date

Daytime Phone #

CR2E034 (9/99)