

2004
2002 **UNIFORM BUSINESS REPORT (UBR)**

0619038
AT

DOCUMENT # P98000108139

1. Entity Name
KARA-PAN INC.

FILED
CLERK OF STATE
DIVISION OF CORPORATIO
04 MAY 13 PM 1:27

Principal Place of Business
**81-221 OLD STATE HWY.
ISLAMORANDA FL 33036**

Mailing Address
**88-36 77TH AVENUE
GLENDALE NY 11385**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0893305

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

**KIYASHKA, MAREK
81-221 OLD STATE HWY
ISLAMORANDA FL 33036**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **KIYASHKA, MAREK**
CITY-ST-ZIP **81-221 OLD STATE HWY
ISLAMORANDA FL 33036**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **000037668050**
CITY-ST-ZIP **06/04/04--01047--001 **150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: MAREK KIYASHKA REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/03/02 718 441-6464x203
Date Daytime Phone #

CR2E034 (9/01)