

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082001

1. Entity Name

KATMA ENTERPRISES INTERNATIONAL, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90038 007 ***158.75

Principal Place of Business

677 NE 24TH STREET, #705
MIAMI FL 33137

Mailing Address

677 NE 24TH STREET, #705
MIAMI FL 33137-4767

2. Principal Place of Business

305 N. E. 1st STREET

3. Mailing Address

305 N. E. 1st STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State MIAMI, FLORIDA

City & State MIAMI, FLORIDA

4. FEI Number 65-0950149

Applied For
Not Applicable

Zip 33132 Country U.S.A.

Zip 33132 Country U.S.A.

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

6. Name and Address of Current Registered Agent

OSMANN, KATSINA
677 NE 24TH STREET, #705
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name MR. KATSINA OSMANN

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

305 N. E. 1st STREET

City MIAMI FL Zip Code 33132

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 MR. KATSINA OSMANN/ PRESIDENT/SECRETARY JANUARY 00
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

TITLE PSD
NAME OSMANN, KATSINA
STREET ADDRESS 677 NE 24TH STREET, #705
CITY-ST-ZIP MIAMI FL 33137 ☐ Delete

TITLE VTD
NAME ALLEN, MARYAN ROSE
STREET ADDRESS 14204 NE 2ND CT.
CITY-ST-ZIP MIAMI FL 33161 ☐ Delete

TITLE D
NAME REID, LATOYA
STREET ADDRESS 14204 NE 2ND CT.
CITY-ST-ZIP MIAMI FL 33161 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: KATSINA OSMANN (MR.) JANUARY 2000 305-371-7275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)