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

				,			
DOCUMENT # P9900082001  1. Entity Name					FILED		
KATMA ENTERPRISES INTERNATIONAL, INC.				02 DEC -6	PM 12: 57.	<	
Principal Place of Business Mailing Address 305 NE FIRST ST 305 NE FIRST ST MIAMI FL 33132 MIAMI FL 33132				TALLAHAS		SEE, FLORIDA	
2 Principal I	Place of Rusiness	3. Mailing Address					
144 NE 1st Street		SAME				== == 0 952	~
Suite, Apt		Suite, Apt. #, etc.			PEIM COONST WA	TEIN THIS SPACE	2
City & Sta	te , FL 30131	City & State SAM G	•		4. FEI Number 65-0950149	) <del> </del>	pplied For ot Applicable
Zip 33131	Country U.S.A	Zip	Country		5. Certificate of Status Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Current Re	egistered Agent	Nam	e	7. Name and Address of New	Registered Agent	
OSMANN, KATSINA			Stree	Mr. Katsina Osmann Street Address (P.O. Box Number is Not Acceptable)			
305 NE F					44 NE 1st Street		
MIAMI FL	. 33132		City			Zip Cod	40
8. The above	e named entity submits this statement for t	he nurnose of changing ite ra	1	M-	i am i	F ■   331	31
the obliga	tions of registered agent.	ne purpose or changing its re	sgistered office	e or registere	ed agent, or bodi, in the state of Fi	onda. Tam Jamiliar with,	and accept
SIGNATURE	Signature, types or printed name of registered agent and	title if applicable. (NOTE: f	Registered Agent sig	onature required v	when reinstating)	DATE DA	
9. This corpo	oration is eligible to satisfy its Intangible	FILE NOW!!!				<u></u>	
Tax filing	requirement and elects to do so. ria on back)	After September 13, Make Check Payable	2002 Fee wil	ll be \$750.0			00 May Be d to Fees
11.	OFFICERS AND DI		12.		ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTOR	S IN 11
TITLE NAME	PSD OSMANN, KATSINA	☐ Delete	TITLE NAME		sident	Change	Addition 07
STREET ADDRESS	5616 BISCAYNE BLVD #1		STREET ADDRES		ann, Katsina NE lst Street		noilippy
CITY-ST-ZIP	MIAMI FL 33132		CITY-ST-ZIP		ni, FL 33131		
TITLE NAME	VTD ALLEN, MARYAN ROSE	□ Delete \	TITLE NAME		President	Change	Addition 5
STREET ADDRESS	14204 NE 2ND CT.	$\sim 1000$	STREET ADDRES		ann, Bintu Aminata NE 1st Street		Ì
CITY-ST-ZIP TITLE	MIAMI FL 33161 D	The same of the sa	CITY-ST-ZIP	Mian	n <del>i, FL 33131</del>	Change	Addition
NAME	OSMANN, AMINATA BINTU	12	NAME		retary en, Rose Maryan	(E) onling	
STREET ADDRESS Gity=St=Zip=====	5615 BISCAYNE BLVD #1   MIAMI FLE33137	·	STREET ADDRES  CITY~ST-ZIP		02 NE 2nd Court		/ / .
TITLE	114 4141 1 2 00 107	☐ Delete	TITLE		ni, FL 33161	☐ Change	Addition
NAME STREET ADDRESS	)		NAME STREET ADDRES		nn, Inez Sallimato NE lst Street	ı (Director)	
CITY-ST-ZIP			CITY-ST-ZIP		ni, FL 33131		
TITLE		☐ Delete	TITLE	1	ector	☐ Change	Addition
name Street address	• ••	:	NAME STREET ADDRES		nn, Samantha Ajah NE 1st Street		
CITY-ST-ZIP	10774 67 98433		CITY-ST-ZIP	I	i, FL 33131		
TITLE   NAME	Commenter of	☐ Delete	TITLE Name		pegogo <sub>k</sub> .	Change	Addition
STREET ADDRESS	(S. 19)		STREET ADDRES	s	12/06/02—01069	001 **750.0	10
CITY-ST-ZIP		,-,	CITY-ST-ZIP				
ia. i nereby c	certify that the information supplied with th	is tiling does not qualify for th	e exemption s	tated in Sect	tion 119.07(3)(i), Florida Statutes.	I further certify that the in	nformation I

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:

<u>NATUBE</u> REQUIRED

305 490-4456