

2000 UNIFORM BUSINESS REPORT (UBR)

5/15/00-90143-045-\$155.00-\$155.00

DOCUMENT # P99000097860

1. Entity Name

KARVIP ENTERPRISES, INC.

FILED

'00 JUN -9 PM 2:25

Principal Place of Business

8000 SW 149TH AVE., #A304
MIAMI FL 33193

Mailing Address

8000 SW 149TH AVE., #A304
MIAMI FL 33193-3143



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

8000 SW 149 AVE

3. Mailing Address

Suite, Apt. #, etc.

A304

Suite, Apt. #, etc.

City & State

MIAMI

City & State

FL

4. FEI Number

65-0979950

Applied For

Not Applicable

Zip

33193

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PASKETT, VIOLETA I
8000 SW-149TH AVE., #A304
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name: VIOLETA I. PASKETT
Street Address (P.O. Box Number is Not Acceptable): 8000 SW 149 AVE #A304
City: MIAMI FL Zip Code: 33193

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: *Violeta I. Paskett*

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	VIOLETA I. PASKETT	
STREET ADDRESS	8000 SW 149 AVE #A304	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Violeta I. Paskett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00 (786) 8975803 (305) 1408-5515

Date

Daytime Phone #

CR2E034 (9/99)