

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V 70100

1. Entity Name

KARINA Mobile Home Park, INC

Principal Place of Business

Mailing Address

4943 E Hillsborough Ave  
Tampa, FL 33619

1317 Baythorn DR  
Wesley Chapel, FL 33543

2. Principal Place of Business

3. Mailing Address

1317 Baythorn DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Wesley Chapel, FL 33543

Zip

Country

Zip

Country

33543

Pasco

4. FEI Number

Applied For

Not Applicable

59-3146034

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

Ismael Cruz Lebron  
4943 E Hillsborough Ave  
Tampa, FL 33619

Name

Jose I Roman

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

4013 W Linebaugh Ave #109

City

Tampa

FL

Zip Code

33624

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

1/22/01

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, 2001 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 NAME ☒ Delete  
P Rodolfo Prohaska  
STREET ADDRESS 4943 E Hillsborough Ave  
CITY-ST-ZIP Tampa, FL 33610

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

TITLE NAME ☐ Delete  
D Konstantin Prohaska  
STREET ADDRESS 4943 E Hillsborough Ave  
CITY-ST-ZIP Tampa, FL 33610

TITLE NAME ☒ Change ☐ Addition  
P  
STREET ADDRESS 1317 Baythorn Dr  
CITY-ST-ZIP Wesley Chapel, FL 33543

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 authority like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/22/01

815-994-8725

658600

DO NOT WRITE IN THIS SPACE

FILED  
May 21, 2001 8:00 am  
Secretary of State

05-21-2001 90034 001 \*\*\*150.00

CR2E034 (11/00)