

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104090

1. Entity Name

KEPTON INTERNATIONAL, CORP.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90066 025 ***150.00

Principal Place of Business

Mailing Address

8262 NW SOUTH RIVER DRIVE
MEDLEY FL 33166

8262 NW SOUTH RIVER DRIVE
MEDLEY FL 33166

2. Principal Place of Business

8346 -c NW South River Dr.

Suite, Apt. #, etc.

3. Mailing Address

8346-c NW South River Dr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Medley, FL.

City & State

Medley, FL.

4. FEI Number

65-0966263

Applied For

Not Applicable

Zip

Country

Zip

Country

33166

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

RIOS, LEOPOLDO
1800 WEST 49TH STREET
SUITE 207
HIALEAH FL 33012

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

05/01/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ARGUELLES, EMILIO N	8262 NW SOUTH RIVER DRIVE	MEDLEY FL 33166	<input type="checkbox"/>
VTD	ALABACI, DANIEL A	8262 NW SOUTH RIVER DRIVE	MEDLEY FL 33166	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		8346-c N.W. South River Dr.	Medley, FL. 33166.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		8346-c N.W. South River Dr.	Medley, FL. 33166.	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-00

Date

305 863 2255-

Daytime Phone #

CR2E034 (9/99)