

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 487975 "AMENDED"

1. Entity Name

KEAL INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

5450 S. STATE RD. 7, #38
FT. ALUDERDALE, FL. 33314

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1659056

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAPMAN, DENISE
5450 S. STATE RD. 7, #38
FT. ALUDERDALE, FL. 33314

7. Name and Address of New Registered Agent

Name SMYTH, MARJORIE
Street Address (P.O. Box Number is Not Acceptable)
3661 WEST BELL DRIVE
City DAVIE FL Zip Code 33328

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

Marjorie Smyth

MARJORIE SMYTH VST

12/18/00

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

*****61.25 *****61.25

11. OFFICERS AND DIRECTORS

TITLE PD
NAME CLARKE, JOHN G.L.
STREET ADDRESS 5450 S. STATE RD. 7 #38
CITY-ST-ZIP FT. ALUDERDALE, FL. 33314 ☐ Delete

TITLE
NAME VST
STREET ADDRESS CHAPMAN, DENISE
CITY-ST-ZIP 10337 SW 17TH DRIVE DAVIE FL. ☒ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VST
NAME SMYTH, MARJORIE
STREET ADDRESS 3661 WEST BELL DRIVE
CITY-ST-ZIP DAVIE, FL. 33328 ☐ Change ☒ Addition

TITLE D
NAME McNAY, ALICE
STREET ADDRESS 10341 JUNIPER COURT
CITY-ST-ZIP PEMBROKE PINES, FL. 33026 ☐ Change ☒ Addition

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

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:

Marjorie Smyth

MARJORIE SMYTH

12/18/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 DEC 27 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

LS