

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

0073232 AV

**DOCUMENT # 590226**

1. Entity Name

**KEYBOARD WORLD & PIANOS, INC.**

07-10-2001 90444 001 \*\*\*275.00

07-10-2001 90444 002 \*\*\*275.00

Principal Place of Business

**941 N MILITARY TRAIL  
W. PALM BEACH FL 33415-1319  
US**

Mailing Address

**941 N MILITARY TRAIL  
W. PALM BEACH FL 33415-1319  
US**

LA

70139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**KEYBOARD WORLD & PIANOS, INC.**

Suite, Apt. #, etc.

**4201 WESTGATE AVE. # A3**

City & State

**W. PALM BEACH FL.**

Zip

**33409**

Country

**US**

3. Mailing Address

**KEYBOARD WORLD & PIANOS, INC.**

Suite, Apt. #, etc.

**4201 WESTGATE AVE. # A3**

City & State

**W. PALM BEACH FL.**

Zip

**33409**

Country

**US**

4. FEI Number

**59-1874919**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**REPKA, GERALD L.**

**941 N MILITARY TRAIL**

**W. PALM BEACH FL 33415-8380**

7. Name and Address of New Registered Agent

Name

**REPKA, GERALD L.**

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

**4201 WESTGATE AVE. # A3**

City

**W. PALM BEACH**

FL

Zip Code

**33409**

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

**7-05-01**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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 **P** ☐ Delete

NAME **REPKA, GERALD L**  
STREET ADDRESS **1612 PACKWOOD ROAD**  
CITY-ST-ZIP **N. PALM BCH FL 40**

TITLE **VST** ☐ Delete

NAME **REPKA, MARLENE**  
STREET ADDRESS **1612 PACKWOOD ROAD**  
CITY-ST-ZIP **N. PALM BCH FL 40**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-5-01 561-686-2611**

Date

Daytime Phone #

CR2E034 (5/01)