

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L90247**

1. Entity Name

**KEKA CONSULTING ENTERPRISES INC.****FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90202 004 \*\*\*150.00

Principal Place of Business

7925 N.W. 12TH STREET  
SUITE 324  
MIAMI FL 33126  
US

Mailing Address

7925 N.W. 12TH STREET  
SUITE 324  
MIAMI FL 33126  
US**00053547**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7925 N.W. 12TH ST

Suite, Apt. #, etc.

SUITE 318

City &amp; State

MIAMI, FL

Zip

33126

Country

USA

3. Mailing Address

7925 N.W. 12TH ST

Suite, Apt. #, etc.

SUITE 318

City &amp; State

MIAMI, FL

Zip

33126

Country

USA

4. FEI Number **65-0188339**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHAPONICK, EVELYN  
7925 N.W. 12TH STREET  
SUITE 324  
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

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

7925 N.W. 12TH ST  
SUITE 318

City

MIAMI

FL

Zip Code

33126

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
CHAPONICK, REBECA  
12281 SW 30TH STREET  
MIAMI FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CHAPONICK, MAURICE  
12281 SW 30TH STREET  
MIAMI FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CHAPONICK, DORE  
12281 SW 30TH STREET  
MIAMI FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)