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**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

Aug 20, 2001 8:00 am Secretary of State M65315 DOCUMENT # 1. Entity Name 08-07-2001 90006 049 \*\*\*\*50.00 KEITH'S BVM, INC. 08-20-2001 90073 021 \*\*\*100.00 Principal Place of Business Mailing Address P O BOX-997 որորբոյո P.O. DOX -007 HALLANDALE FL 22008 HALLANDALE PL 33006 2. Principal Place of Business 3. Mailing Address 2249 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For-4. FEI Number 65-0020301 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent LONDON, KEITH Street Address (P.O. Box Number is Not Acceptable) **613 OLEANDER DRIVE** HALLANDALE FL 33009 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. \_ FILE\_NOW!!! EEE IS \$550.00 -10, Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (5/01) TITLE -, Delete TITLE ☐ Change LONDON, KEITH NAME NAME CR2E034 613 OLEANDER DRIVE STREET ADDRESS STREET ADORESS CITY-ST-ZIF HALLANDALE FL CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME LONDON, RONNIE NAME STREET ADDRESS 2020 NORTH 49TH AVENUE STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delate TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TILE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-212 CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE MAKE NAME -STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 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: /

OHMGOSIS CUNHISA BOULOSZED

July 18, 2001

Secretary of State Division of Corporations Department of State Tallahassee, FL 32301

RE: Keith's BVM, Inc.

Dear Sir or Madam:

Enclosed please find a copy of the envelope to file the annual UBR report. Please note that the same did not get to me until 7/8/01. Hence the reason I did not pay the annual filing fee for the same. Please accept the usual amount due, which is enclosed, in that I did not receive the same until now. Thank you in advance for your anticipated cooperation and if there are any questions regarding the forgoing, please do not hesitate to contact me.

Very truly yours,

Keith S. London

Keith S. London