

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041581

1. Entity Name

KEVA CONSULTANTS INCORPORATED

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90012 020 \*\*\*159.00

Principal Place of Business

904 N.W. 51 ST.  
POMPANO BEACH FL 33064

Mailing Address

904 N.W. 51 ST.  
POMPANO BEACH FL 33064

646431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

904 N.W. 51 ST

3. Mailing Address

904 N.W. 51 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH FLA

City & State

POMPANO BEACH FLA

4. FEI Number

65-1021330

Applied For

Not Applicable

Zip

Country

33064 BROWARD

Zip

Country

33064 BROWARD

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

WILLIAMS, WILFRED K

904 N.W. 51 ST.

POMPANO BEACH FL 33064

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

owner, CEO, President, Chairman  
WILFRED KEITH WILLIAMS  
904 N.W. 51 ST  
POMPANO BEACH FLA 33064

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

vice President, secretary, treasurer  
VALERIE M. WILLIAMS  
904 N.W. 51 ST  
POMPANO BEACH FL 33064

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

954-531-1263

Daytime Phone #

CR2E034 (10/00)