

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074998

1. Entity Name

KEPLER SERVICES INC.

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-29-2001 90003 047 ***550.00

Principal Place of Business

10800 S.W. 62ND AVENUE
PINE CREST FL 33156

Mailing Address

10800 S.W. 62ND AVENUE
PINE CREST FL 33156

2. Principal Place of Business

700 E DANIA BEACH BLVD

3. Mailing Address

700 E DANIA BEACH BLVD

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

DANIA FL

City & State

DANIA FL

Zip

33004

Country

Zip

33004

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65 1031425

Applied For

Not Applicable

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

POIRIER, MARCELLE B
1701 SOUTH BAYSHORE DRIVE
SUITE 402
COCONUT GROVE FL 33133

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	D	<input type="checkbox"/> Delete
NAME	COZZOLINO, SERGE	
STREET ADDRESS	10800 S.W. 62ND AVENUE	
CITY-ST-ZIP	PINE CREST FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEGAY, PASCALE	
STREET ADDRESS	10800 S.W. 62ND AVENUE	
CITY-ST-ZIP	PINE CREST FL 33156	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06 1261 01

Date

Daytime Phone #

CR2E034 (10/00)