

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90084 028 ***150.00

DOCUMENT # PD 1000077334.
1. Entity Name
KEPAR IMPORT & EXPORT, INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1800 COLLINS AVE
Suite, Apt. #, etc.
SUITE 8-C
City & State
MIAMI BEACH - FL
Zip
33139
Country
MIAMI

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FRI Number
APPLIED Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
LENYN-PARABAVIZ
Street Address (P.O. Box Number is Not Acceptable)
1800 COLLINS AVE SUITE 8-C
City
MIAMI BEACH FL Zip Code
33139

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 **x Lenyn Parabaviz**
Signature, typed or printed name of registered agent and title if applicable.

(INDL. Registered Agent signature required when consulting)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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.D.
NAME	PARABAVIZ, LENYN
STREET ADDRESS	1800 COLLINS AVE SH 8C
CITY-ST-ZIP	MIAMI BEACH - FL 33139
TITLE	J.D.
NAME	DELGADO, CLAUDIA
STREET ADDRESS	1800 COLLINS AVE # 8C
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **x Lenyn Parabaviz**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2ED34B (12/01)