2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000080969 **DOCUMENT#**

1. Entity Name

KEKO JONES INVESTMENTS, INC.



FILED

Principal Place of Business Mailing Address							1					
7815 S.W. 83RD. COURT MIAMI FL 33143			7815	7815 S.W. B3RD. COURT MIAMI FL 33143								
minim 12 001	•		winai									
2. Principal F	Place of Busine	ess	3. Mai	3. Mailing Address								
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City	City & State			4. [FEI Number 65-0548113			oplied For ot Applicable	
Zip	Country			Zip Country			5. (Certificate of Status Desired		8.75 Add ee Require		
6. Name and Address of Current Registered Agent							7.	Name and Address of New Reg	istered A	gent		
GRAYSON, MOISESE T.						Name						
255 S E S	SECOND AVE	he's		Street Addres			(P.O. B	Sox Number is Not Acceptable)		<u> </u>		
MIAMI FL	33131					City				Zip Code		
N. Sec. 1						·			FĿ			
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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE Signature, typed on printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00												
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								 Election Campaign Finan Trust Fund Contribution. 	cing		O May Be to Fees	
				·								
10.		•	RS AND DIRECTO		11.		AD	DITIONS/CHANGES TO OFFICE		·		
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STREET ADDRESS	7815 S W 8	3 COURT			STREET ADD	RESS						
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I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PESCHED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1863-8376