

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90302 025 ***150.00

DOCUMENT # P96000041440

1. Entity Name
KEELY CORPORATION

Principal Place of Business

~~296 NW 172 AVE~~
PEMBROKE PINES FL 33029
US

Mailing Address

1345 N.W. 167TH AVENUE
PEMBROKE PINES FL 33028

2. Principal Place of Business

1345 NW 167 AVENUE
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL 33029

City & State

Zip

33028

Country

USA

Country

4. FEI Number **65-0697456**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LUBIN, SETH D ESQ
6917 COLLINS AVENUE
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

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 re-stating)

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

TITLE **D** ☐ Delete
 NAME **LUBIN, JACK**
 STREET ADDRESS **1345 N.W. 167TH AVENUE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **D** ☐ Delete
 NAME **FREEDMAN, GEORGE**
 STREET ADDRESS **1345 N.W. 167TH AVENUE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **D** ☐ Delete
 NAME **LUBIN, RUTH**
 STREET ADDRESS **1345 NW 167 AVE**
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **D** ☐ Delete
 NAME **FREEDMAN, ROSE**
 STREET ADDRESS **1345 NW 167TH AVE**
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
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 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:

Ruth Lubin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUTH LUBIN

4/22/01 954 450-2984
 Date Daytime Phone #

0114636

CR2E034 (10/00)