

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90023 004 \*\*\*150.00

**DOCUMENT # P97000000319**

1. Entity Name

**KEEPA CORP.**

Principal Place of Business

Mailing Address

**999 PONCE DE LEON BLVD  
 SUITE 1110  
 CORAL GABLES FL 33134**

**P O BOX 144180  
 MIAMI FL 33114-4180**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0716535**

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

~~RAPOPORT, ALLEN J~~

~~999 PONCE DE LEON BLVD P.O. Box 144180~~

~~SUITE 1110~~

~~CORAL GABLES FL 33134 33114~~

Name **KARL M. SACHS**

Street Address (P.O. Box Number is Not Acceptable)

**3675 S.W. 24 STREET**

**P.O. BOX 144180**

City **MIAMI**

**FL**

Zip Code **33114-4180**

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.

on reinstating

DATE

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

**FILE N**  
**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 **P**  
 NAME **SANCHEZ, EDWARD J**  
 STREET ADDRESS **3 LIGHTHOUSE DR**  
 CITY-ST-ZIP **SAUGERTIES NY 12477**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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 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

Date

Daytime Phone #

CP25n34 (10/00)

0140624