

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 06, 2001 8:00 am**  
**Secretary of State**

07-06-2001 90007 001 \*\*\*\*\*8.75  
 07-06-2001 90007 002 \*\*\*150.00

<b>DOCUMENT # P97000050763</b>			
1. Entity Name <b>KEPCO, INC.</b>			
Principal Place of Business 1370 NW 88 AVE MIAMI FL 33172		Mailing Address 1370 NW 88 AVE MIAMI FL 33172-3020	
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 <b>65-0794086</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LYNCH, ROSEANNE N 2 S. UNIVERSITY DR., STE. 200 PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		NOTE: Registered Agent signature required when reappointing	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILED IN (W/III) FEE IS \$150.00 After MAY 1, 2000, Fee will be \$250.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPT PORTUONDO, ANGEL 1370 NW 88 AVE MIAMI FL 33172</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVS PORTUONDO, SHEILA 1370 NW 88 AVE MIAMI FL 33172</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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 the report 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, when applicable.			
SIGNATURE: _____		DATE: <b>4/2/00</b> DAYTIME PHONE: <b>305 593-8279</b>	
Signature and typed or printed name of officer or director		Date	

<b>KEPCO INC DBA IN-MAR TRADING INC</b>		6473
1370 N.W. 88TH AVE MIAMI, FL 33172		63-1128780 01
DATE: <b>4/3/00</b>		
PAY TO THE ORDER OF: <b>Department of Revenue</b>		\$ <b>150.00</b>
<b>150 DOLLARS</b>		DOLLARS <input type="checkbox"/>
FOR: <b>65-0794086</b>		