FILED

2002 UNIFORM BUSINESS REPORT (UBB)

DOCUMENT # P97000050763 1. Entity Name KEPCO, INC.					Feb 17, 2002 8:00 am Secretary of State 02-17-2002 90019 042 ***158.75				
Principal Place of Business Mailing Address 1370 NW 88 AVE. 1370 NW 88 AVE. MIAMI FL 33172 MIAMI FL 33172									
MIAMI (E 30)	••	WATER TE GOTTE							
2. Principal Place of Business 14985 N.W. 27AVE Suite, Apt. #, etc. 3. Mailing Address 14985 N.W. 2 Suite, Apt. #, etc. Suite, Apt. #, etc.				e	DO NOT WRITE IN THIS SPACE				
City & State	Locka FL	City & State Lock4	· FL	4.	FEI Number 65-	0794086		plied For at Applicable	İ
Zip 3305	Country	Zip 33054	Country	. 5.	Certificate of Status	s Desired X	00.75	litional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
PORTUNDO, ANGEL R MR.				Name Street Address (P.O. Box Number is Not Acceptable)					
761 S.W. 75TH TERRACE PLANTATION FL 33317									
			City				Zip Code	-	
8. The above	named entity submits his statement for	the purpose of changing its r	registered office o	r registered a	agent, or both, in the	State of Florida.			
							1/22/	~	
SIGNATURE (Signature, typed or printed name of registered againt a	nd title if applicable. (NOTE:	Registered Agent signal	ture required when	reinstating)		// 22/0.	<u> </u>	
9 This corpo	pration is eligible to satisfy its Intangible		I FEE IS'\$150.						
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 For Make Check Payable to			2 Fee will be \$5	550.00	ł.	mpaign Financing Contribution.		0 May Be to Fees	
11.	OFFICERS AND I		12.		DDITIONS/CHANG	ES TO OFFICERS.	AND DIRECTORS	S IN 11	
TITLE	DPT	Delete	TITLE , .	Presid	lent		Change	☐ Addition	(01)
NAME	PORTUONDO, ANGEL		NAME STREET ADDRESS		$NGEL_1R_1$ to N . W. 27	ORTHUNCO			6)
STREET ADDRESS CITY-ST-ZIP	1370 NW 88 AVE. MIAMI FL 33172		CITY-ST-ZIP	14985 08A		1. 33arx			R2E034 (9/01
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NAME	PORTUONDO, SHEILA		NAME	14985	heila PORT	Tuondo 1 Avo.			İ
STREET ADDRESS CITY-ST-ZIP	1370 NW 88 AVE. MIAMI FL 33172	•	STREET ADDRESS CITY-ST-ZIP	1		33054			
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NAME			NAME						
STREET ADDRESS			STREET ADDRESS	1					
CITY-ST-ZIP	sertify that the information supplied with	this filing does not qualify for	the exemption sta	ted in Section	n 119 07(3)(i). Florida	a Statutes I further	certify that the in	formation	ĺ
indicated of the corr changed,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address	true and accurate and that me wered to execute this report a little all other ke empowered.	y signature shall has required by Cha	have the same apter 607, Flo	e legal effect as if mainda orida Statutes; and th	ade under oath; that hat my name appea	at I am an officer ars in Block 11 or	or director Block 12 if	
SIGNAT	URE:	6 John	do _			22/02	(301)6f	<u> </u>	
	SIGNATURE AND TYPED OR PR	RINTED NAME OF SIGNING OFFICER O	H DIRECTOR		Date	1	Daytime Phone #		ĺ