## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P97000079630**

1. Entity Name

STREET ADDRESS

changed, or on an attachment with an address, with all

CITY-ST-ZIP

KEIICHEM INDUSTRIAL SUPPLIES CORP.

Principal Place of Business Mailing Address 12315 SW 151 STREET 14341 SW 119TH AVE. **MIAMI FL 33186** APT. D-102 ......... MIAMI FL 33186-8709 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc City & State 4. FEI Number Applied For 65-0780537 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANCHEZ, NEYDA Street Address (P.O. Box Number is 12315 SW 151 STREET -> Change or APT. D-102 **MIAMI FL 33186** 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition PDS PDS ☐ Delete TITLE SANCHEZ, NEYDA Sanchez, Neyda MAME 14341 SW 119TH AVE. STREET ADDRESS P.O. BOX 504427 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 Marathon FL 33050 ■ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

> STREET ADDRESS CITY-ST-ZIP

13. 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 empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

other like empowered.

Apr 26, 2000 8:00 am Secretary of State

04-26-2000 90042 002 \*\*\*150.00