

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001015

1. Entity Name

KEP'S CORPORATION

Principal Place of Business

1255 WEST 49TH PL. #A-108
HIALEAH FL 33012

Mailing Address

1255 WEST 49TH PL. #A-108
HIALEAH FL 33012-8130

2. Principal Place of Business

4988 W 12 AVE

Suite, Apt. #, etc.

3. Mailing Address

4988 W. 12 ave.

Suite, Apt. #, etc.

Hialeah FL.

City & State

HIALEAH FLORIDA

City & State

4. FEI Number

65-0890799

Applied For

Not Applicable

Zip

33012

Country

DADE

Zip

33012

Country

DADE

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

DEL VALLE GARCIA, CLAMELIS

1255 WEST 49TH PL. #A-108

HIALEAH FL 33012

Name

CLAMELIS GARCIA

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

City

HIALEAH

FL

Zip Code

33012

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 reinstating)

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	DEL VALLE GARCIA, CLAMELIS	
STREET ADDRESS	1255 WEST 49TH PL. #A-108	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00

Date

305-558 5443

Daytime Phone #

CR2E034 (9/99)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90212 039 ***150.00



DO NOT WRITE IN THIS SPACE