

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050665

1. Entity Name

KER COMMERCIAL SERVICES INC.
DIBIA PAKMAIL

Principal Place of Business

20547 OLD CUTLER RD.
OLD CUTLER TOWNE CENTER
MIAMI, FLORIDA 33189

Mailing Address

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0983679

Applied For

Not Applicable

Zip

Country
MIAMI-DADE

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PAUL R. SASSO, ESQ.
28 WEST FLAGLER ST. SUITE 505
MIAMI, FLORIDA 33130

7. Name and Address of New Registered Agent

Name

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

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

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, 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 Delete
NAME RAMON ERNESTO FERNANDEZ
STREET ADDRESS 6930 SW. 132 PL
CITY-ST-ZIP MIAMI, FLORIDA 33183

TITLE Change Addition
NAME 900004435529-6
STREET ADDRESS -06/21/01--01081-030
CITY-ST-ZIP ****150.00 ****150.00 Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME 900004435529-6
STREET ADDRESS -06/21/01--01081-031
CITY-ST-ZIP ****150.00 ****150.00 Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME 900004435529-6
STREET ADDRESS -06/21/01--01081-031
CITY-ST-ZIP ****150.00 ****150.00 Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME 900004435529-6
STREET ADDRESS -06/21/01--01081-031
CITY-ST-ZIP ****150.00 ****150.00 Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME 900004435529-6
STREET ADDRESS -06/21/01--01081-031
CITY-ST-ZIP ****150.00 ****150.00 Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME 900004435529-6
STREET ADDRESS -06/21/01--01081-031
CITY-ST-ZIP ****150.00 ****150.00 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.

CR2E034 (11/00)

SIGNATURE:

4/10/2001

786-367-9901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #