

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90176 035 ***163.75

DOCUMENT # **P99000070185**

1. Entity Name
KEA CONSTRUCTION INC.



Principal Place of Business

**4960 SW 52 STREET
STE 415
DAVIE FL 33314
US**

Mailing Address

**4960 SW 52 STREET
STE 415
DAVIE FL 33314
US**

2. Principal Place of Business

4960 SW 52 STREET STE 415
Suite, Apt. #, etc.

3. Mailing Address

4960 SW 52 STREET #415
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

DAVIE FLORIDA

City & State

DAVIE FLORIDA

4. FEI Number

65-0933395

Applied For

Not Applicable

Zip

33314

Country

BROWARD

Zip

33314

Country

BROWARD

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BENITEZ, VALDEMAR

220 SW 64TH WAY

PEMBROKE PINES FL 33023

7. Name and Address of New Registered Agent

Name

BENITEZ, VALDEMAR

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

220 SW 64th WAY

City

PEMBROKE PINES

FL

Zip Code
33023

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Valdemar Benitez / President / 01-02-03

(Signature of Registered Agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☒

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BENITEZ, VALDEMAR**
STREET ADDRESS **220 SW 64TH WAY**
CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE ☐ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **VALDEMAR BENITEZ**
CITY-ST-ZIP **220 s.w. 64 way**
Pembroke Pines Fl. 33023

TITLE **D** ☐ Delete
NAME **BENITEZ, ALMA**
STREET ADDRESS **220 SW 64TH WAY**
CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE ☐ Change ☐ Addition
NAME **VICEPRESIDENT**
STREET ADDRESS **ALMA BENITEZ**
CITY-ST-ZIP **220 s.w. 64 way**
Pembroke Pines Fl. 33023

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE

Valdemar Benitez

(954) 584-4910

SIGNATURE AND FULLY PRINTED NAME OF Sponsoring Officer or Director

Date

Daytime Phone #

CR2E034 (10/02)