

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107366

1. Entity Name

KEPTON COSTA RICA, CORP.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90054 003 \*\*\*150.00

Principal Place of Business

8262 NW SOUTH RIVER DRIVE  
MEDLEY FL 33166

Mailing Address

8262 NW SOUTH RIVER DRIVE  
MEDLEY FL 33166

2. Principal Place of Business

8346-C NW SOUTH RIVER DR.

3. Mailing Address

8346-C NW SOUTH RIVER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MEDLEY, FL

City & State

MEDLEY, FL

4. FEI Number

65-0966973

Applied For

Not Applicable

Zip

33166

Country

Zip

33166

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RIOS, LEOPOLDO  
1800 WEST 49TH STREET  
SUITE 207  
HIALEAH FL 33012

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

05/01/2000

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

TITLE PD  
NAME CARAZO, JOSE P  
STREET ADDRESS 8262 NW SOUTH RIVER DRIVE  
CITY-ST-ZIP MEDLEY FL 33166 ☐ Delete

TITLE VTD  
NAME ALABACH, DANIEL A  
STREET ADDRESS 8262 NW SOUTH RIVER DRIVE  
CITY-ST-ZIP MEDLEY FL 33166 ☐ Delete

TITLE SD  
NAME VEGA, ALFRED  
STREET ADDRESS 8262 NW SOUTH RIVER DRIVE  
CITY-ST-ZIP MEDLEY FL 33166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 8346-C NW SOUTH RIVER DR.  
CITY-ST-ZIP MEDLEY, FL 33166 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 8346-C NW SOUTH RIVER DR.  
CITY-ST-ZIP MEDLEY, FL 33166 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 8346-C NW SOUTH RIVER DR.  
CITY-ST-ZIP MEDLEY, FL 33166 ☒ Change ☐ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-01-00 305 863 2255

CR2E034 (9/99)