P99000109451

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 JUL 13 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000109451

1. Entity Name
Keator Corp

Principal Place of Business / Mailing Address
3737 Collins Ave
Miami Beach FL 33140

6/27/01 900041008 $158.75
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9601 Collins Ave #1208	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Bal Harbour FL	
City & State	City & State
33154 USA	
Zip / Country	Zip / Country

4. FEI Number 65-1092268 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Alesandora Fumace
9601 Collins Ave #1208
Bal Harbour FL 33154

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 ______ 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 P ☐ Delete NAME Alesandora Fumale STREET ADDRESS 9601 Collins Ave #1208 CITY-ST-ZIP Bal Harbour FL 33154	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034 (11/00)

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: ______ 6/31/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #