


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90186 047 \*\*\*158.75

DOCUMENT # 375794

1. Entity Name  
KEY REALTY + DEVELOPMENT  
F.N.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>826 POLK ST. HOLLYWOOD</u> Suite, Apt. #, etc. <u>FL. 33019</u>		3. Mailing Address <u>P.O. BOX 220139 HOLLY</u> Suite, Apt. #, etc. <u>WOOD FL. <del>33019</del></u>	
City & State		City & State	
Zip	Country	Zip	Country
		<u>33022</u>	

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-1362270</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	DEMORA Julian J.	826 POLK ST HOLLYWOOD, FL.	33019				
VD	DEMORA JR. Julian	2845 ENTERPRISE #107-A DEBARY FL.	32713				
V	FELDMAN, PAM.	837 NLK SYBELIA DR. MAITLAND FL.	32751				
STDV	HOUSEWORTH DONNA	2845 ENTERPRISE RD. 107-A DEBARY FL.	32713				

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Julian Demora PRES. JULIAN DEMORA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-21-03  
Daytime Phone # 954-929-3051

CR2E034B (12/02)