

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 718402**

1. Entity Name

**KEY BISCAVNE'S COMMODORE CLUB CONDOMINIUM 1, INC****FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90207 038 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**177 OCEAN LANE DRIVE  
KEY BISCAVNE FL 33149****177 OCEAN LANE DRIVE  
KEY BISCAVNE FL 33149**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1359766**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LERNER, LISA P.A  
201 ALUANBRA CIRCLE SUITE 1102  
CORAL GABLES FL 33144**

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

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
WESTER, ALEXIS  
177 OCEAN LANE DR  
KEY BISCAVNE FL 33149** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ESTELA, INES  
177 OCEAN LANE DRIVE  
KEY BISCAVNE FL** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
CZAHAR, Rene  
177 OCEAN LANE DRIVE KB FL 33149** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
RUIZ, EDUARDO  
177 OCEAN LANE DRIVE  
KEY BISCAVNE FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HODGSON, MARION  
177 OCEAN LANE DR  
KEY BISCAVNE FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AT  
GALDO, GUSTAVO  
177 OCEAN LANE DR  
KEY BISCAVNE FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
BECKER, THEODORE  
177 OCEAN LANE DRIVE  
KEY BISCAVNE FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 617, 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: **ALEXIS WESTER** 1-8-02 305-361-1656

CR2E037 (9/01)