

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90153 048 ****61.25

DOCUMENT # 737845
 1. Entity Name
KEY COLONY NO. 1 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 201 CRANDON BLVD 201 ALHAMBRA CIRCLE, #1102
 KEY BISCAIYNE FL 33149 CORAL GABLES FL 33134
 US

2. Principal Place of Business 3. Mailing Address
201 Crandon Boulevard
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
Key Biscayne, FL
 Zip Country
33149 **DADE**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
54-1074384 Not Applicable

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

6. Name and Address of Current Registered Agent
HELIO DE LA TORRE
201 ALHAMBRA CIRCLE SUITE 1102
CORAL GABLES FL 33134

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 | |
|----------------------------|--|
| TITLE | TD <input type="checkbox"/> Delete |
| NAME | ESTEVE, HECTOR |
| STREET ADDRESS | 201 CRANDON BLVD #328 |
| CITY-ST-ZIP | KEY BISCAIYNE FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | ADLER, IRVING |
| STREET ADDRESS | 201 CRANDON BLVD 832 |
| CITY-ST-ZIP | KEY BISCAIYNE FL |
| TITLE | S <input type="checkbox"/> Delete |
| NAME | LABARRAQUE, JORGE |
| STREET ADDRESS | 201 CRANDON BLVD #1228 |
| CITY-ST-ZIP | KEY BISCAIYNE FL |
| TITLE | VD <input type="checkbox"/> Delete |
| NAME | SUAREZ, CONCHITA |
| STREET ADDRESS | 201 CRANDON BLVD, #641 |
| CITY-ST-ZIP | KEY BISCAIYNE FL |
| TITLE | P <input type="checkbox"/> Delete |
| NAME | NEMTZOW, BERNARD |
| STREET ADDRESS | 201 CRANDON BLVD #1037/1 |
| CITY-ST-ZIP | KEY BISCAIYNE FL |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: *[Signature]* Date: **7/18/2000** Daytime Phone #: **305-361-5725**

CR2E037 (5/00)