

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001558

1. Entity Name

OLD FIRE HOUSE PRESERVATION, INC.

LA

Principal Place of Business

Mailing Address

FIREHOUSE #3 GRINNEL ST.
KEY WEST FL
US

P.O. BOX 5563
KEY WEST FL 33041
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0621842

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

VEGA, ALEX
1543 FOURTH ST.
KEY WEST FL 33040

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
After September 12, 2001, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME VEGA, ALEX
STREET ADDRESS 1543 4TH ST
CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

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

TITLE SD
NAME WYLLY, MOLLY
STREET ADDRESS 1512 ASHBY
CITY-ST-ZIP KEY WEST FL ☐ Delete

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

TITLE T
NAME HARPER, DENISE
STREET ADDRESS 417 EATON ST
CITY-ST-ZIP KEY WEST FL 33040 ☒ Delete

TITLE ☐ Change ☒ Addition
NAME JAIME CABALLERO
STREET ADDRESS 2222 PATTERSON AVE.
CITY-ST-ZIP KEY WEST, FL 33040

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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)(j), 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] REGISTERED

7/11/01

292-8179

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90011 046 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)