

# 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



DO NOT WRITE IN THIS SPACE

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**

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