

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90252 027 ****61.25

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1. Entity Name

**KEY BISCAYNE RETAIL CONDOMINIUM ASSOCIATION
INC.**



Principal Place of Business

**2299 DOUGLAS ROAD
4TH FLOOR
MIAMI FL 33145**

Mailing Address

**2299 DOUGLAS ROAD
4TH FLOOR
MIAMI FL 33145**

94075574



MOORE CR2E037 (11/03)

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

65-1122962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MURAI, WALD, BIONDO & MORENO, P.A.
25 S.E. SECOND AVENUE
SUITE 900
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FRAGA, ANTONIO O ☐ Delete
STREET ADDRESS 2299 DOUGLAS ROAD 4TH FLOOR
CITY-ST-ZIP MIAMI FL 33145

TITLE VD
NAME FRAGA, ALEXANDER W ☒ Delete
STREET ADDRESS 2299 DOUGLAS ROAD 4TH FLOOR
CITY-ST-ZIP MIAMI FL 33145

TITLE STD
NAME YIP, ANTONIO ☒ Delete
STREET ADDRESS 2299 DOUGLAS ROAD 4TH FLOOR
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Vice-President/Treasurer ☐ Change ☒ Addition
NAME Raul Nuñez
STREET ADDRESS 2299 Douglas Road, 4th Floor
CITY-ST-ZIP Miami, Florida 33145

TITLE Secretary ☐ Change ☒ Addition
NAME Michael Rubin
STREET ADDRESS 2299 Douglas Road, 4th Floor
CITY-ST-ZIP Miami, FL 33145

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

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

TITLE ☐ Change ☐ Addition
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/04 (305) 443-2508

Date

Daytime Phone #