

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 243434

1. Entity Name

KEY BISCAYNE TRAVEL SERVICE, INC.

FILED

Feb 08, 2001 8:00 am  
Secretary of State

02-08-2001 90048 038 \*\*\*150.00

Principal Place of Business

638 CRANDON BLVD  
MIAMI FL 33149

Mailing Address

638 CRANDON BLVD  
MIAMI FL 33149

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 59-0942038

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GREEVEN, JOHN  
298 MC INTYRE STREET  
KEY BISCAYNE FL 33149

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ASMUSSEN, JULIA  
CITY-ST-ZIP 625 BILTMORE WAY, APT. 205  
MIAMI FL 33134

TITLE ☐ Delete  
NAME V  
STREET ADDRESS ERASO, JAMES  
CITY-ST-ZIP 270 W. MCINTYRE  
MIAMI FL

TITLE ☐ Delete  
NAME PT  
STREET ADDRESS GREEVEN, JOHN  
CITY-ST-ZIP 298 W. MCINTYRE ST.  
MIAMI FL

TITLE ☐ Delete  
NAME DS  
STREET ADDRESS GREEVEN, PAT  
CITY-ST-ZIP 1121. CRAHDOM BLVD.  
KEY BISCAYNE FL 33149

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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  
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CITY-ST-ZIP

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

JOHN GREEVEN

2/5/2001

Daytime Phone #

CR2E034 (10/00)