

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737845

1. Entity Name

KEY COLONY NO. 1 CONDOMINIUM ASSOCIATION, INC.

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

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

Principal Place of Business

201 CRANDON BLVD
KEY BISCAIYNE FL 33149
US

Mailing Address

201 ALHAMBRA CIRCLE, #1102
CORAL GABLES FL 33134

2. Principal Place of Business

201 Crandon Boulevard

3. Mailing Address

Suite, Apt. #, etc.

City & State

Key Biscayne, FL

City & State

Zip

Country

33149 Dade

4. FEI Number

54-1074384

Applied For

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

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 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 | TD | <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)(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

7/18/2000

305-361-5725

Date

Daytime Phone #

CR2E037 (5/00)