

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737845

1. Entity Name

KEY COLONY NO. 1 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

201 CRANDON BLVD
KEY BISCAYNE FL 33149
US

Mailing Address

201 ALHAMBRA CIRCLE #1102
CORAL GABLES FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ESTEVE, HECTOR
201 CRANDON BLVD #328
KEY BISCAYNE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ADLER, IRVING
201 CRANDON BLVD 832
KEY BISCAYNE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LABARRAQUE, JORGE
201 CRANDON BLVD #1228
KEY BISCAYNE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SUAREZ, CONCHITA
201 CRANDON BLVD, #641
KEY BISCAYNE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
NEMTOW, BERNARD
201 CRANDON BLVD #1037/1
KEY BISCAYNE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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]*

1/15/02 305-361-5725

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90225 006 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)