

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90007 022 \*\*\*\*70.00

**DOCUMENT # 750883**

1. Entity Name

**KEYSTONE GARDENS CONDOMINIUM, INC.**

Principal Place of Business

2430 NE 135 STREET  
 N. MIAMI FL 33181

Mailing Address

C/O SY LO ENT CORP  
 PO BOX 557967  
 MIAMI FL 33255

2. Principal Place of Business

3. Mailing Address

C/O SY LO ENT CORP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 014059

City & State

City & State

Miami FL

Zip

Country

Zip

33101

Country

USA

4. FEI Number

59-1979656

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C/O SY LO ENT CORP  
 130 HADEIRA AVE  
 #1  
 CORAL GABLES FL 33134

Name

MELINA INMAN

Street Address (P.O. Box Number is Not Acceptable)

2430 NE 135th ST #201

City

Miami

FL

Zip Code

33181

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

Melina Inman

MELINA INMAN

2-24-01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
 NAME LORENZO, MANUEL  
 STREET ADDRESS 2430 N E 135TH STREET #205  
 CITY-ST-ZIP N, MIAMI FL 33181

TITLE P ☒ Change ☐ Addition  
 NAME INMAN, MELINA  
 STREET ADDRESS 2430 NE 135th ST #201  
 CITY-ST-ZIP N. MIAMI FL 33181

TITLE VP ☐ Delete  
 NAME CORBO, MADELYN  
 STREET ADDRESS 2430 NE 135 ST 207  
 CITY-ST-ZIP N. MIAMI FL 33181

TITLE VP ☒ Change ☐ Addition  
 NAME SHARP, AUDREY  
 STREET ADDRESS 2430 NE 135th ST #304  
 CITY-ST-ZIP N. MIAMI FL 33181

TITLE D ☐ Delete  
 NAME BOORNE, ROBERT  
 STREET ADDRESS 2430 NE 135 ST #108  
 CITY-ST-ZIP N. MIAMI FL 33181

TITLE D ☒ Change ☐ Addition  
 NAME BOURNE, ROBERT  
 STREET ADDRESS 2430 NE 135th ST #108  
 CITY-ST-ZIP N. MIAMI FL 33181

TITLE D ☐ Delete  
 NAME INMAN, MELINNA  
 STREET ADDRESS 2430 NE 135TH ST #201  
 CITY-ST-ZIP N. MIAMI FL 33181

TITLE D ☒ Change ☐ Addition  
 NAME CORBO, MADELINE  
 STREET ADDRESS 2430 NE 135th ST #207  
 CITY-ST-ZIP N. MIAMI FL 33181

TITLE D ☐ Delete  
 NAME SHARP, AUDRY  
 STREET ADDRESS 2430 N E 135TH STREET #304  
 CITY-ST-ZIP N. MIAMI FL 33181

TITLE D ☒ Change ☐ Addition  
 NAME LORENZO, MANUEL  
 STREET ADDRESS 2430 NE 135th ST #205  
 CITY-ST-ZIP N. MIAMI FL 33181

TITLE ☐ Delete  
 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:

Melina Inman

PRESIDENT MELINA INMAN

1/12/01 (305) 947-7937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)