

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90016 042 ****70.00

DOCUMENT # 750883

1. Entity Name

KEYSTONE GARDENS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

2430 NE 135 STREET
 N. MIAMI FL 33181

C/O SY -LO ENT CORP
~~PO BOX 014059~~
~~MIAMI FL 33101~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1918 Harrison ST
 #20
 Hollywood, FL
 33020

4. FEI Number

59-1979656

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INMAN, MELINA
 2450 NE 135TH STREET #201
 N MIAMI FL 33181

Name **ROBERT BOURNE**
 Street Address (P.O. Box Number is Not Acceptable)

2430 NE 135 Street #108
 City **N. 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 **Robert P. Bourne**

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

(NOTE: Registered Agent signature required when reinstating)

1-17-02

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	<input checked="" type="checkbox"/> Delete
NAME	INMAN, MELINA	
STREET ADDRESS	2430 NE 135TH STREET #201	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SHARP, AUDREY	
STREET ADDRESS	2430 NE 135TH STREET #304	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOURNE, ROBERT	
STREET ADDRESS	2430 NE 135 ST #108	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORBO, MADELINE	
STREET ADDRESS	2430 NE 135TH STREET #207	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	LORENZO, MANUEL	
STREET ADDRESS	2430 NE 135TH STREET #205	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CHRISTINE BORJESSON - DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2430 N.E. 135 ST #207	
STREET ADDRESS	N. MIAMI FL 33181	
CITY-ST-ZIP		
TITLE		<input 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		
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: **Robert P. Bourne**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-02

Date

305 949-5806

Daytime Phone #

CR2E037 (9/01)