

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 813939

1. Entity Name

THE KEYSTONE ARMS, INC.

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90002 002 ****70.00

Principal Place of Business

13105 IXORA COURT
PO BOX 108
N MIAMI FL 33181-2317

Mailing Address

13105 IXORA COURT
PO BOX 108
N MIAMI FL 33181-2317

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

59-0882615

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

ASHCOM, ANDREW B
13105 IXORA CT
APT-105
NORTH MIAMI FL 33181

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME ASHCOM, ANDREW
STREET ADDRESS 13105 IXORA CT.
CITY-ST-ZIP N MIAMI FL

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

TITLE D ☐ Delete
NAME STEINBERG, JAY
STREET ADDRESS 13105 IXORA COURT
CITY-ST-ZIP N MIAMI FL

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

TITLE D ☒ Delete
NAME RHODES, KATHLEEN
STREET ADDRESS 13105 IXORA CT
CITY-ST-ZIP NORTH MIAMI FL 33181

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

TITLE D ☒ Delete
NAME VAZQUEZ, JOSE
STREET ADDRESS 13105 IXORA CT
CITY-ST-ZIP NORTH MIAMI FL 33181

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

TITLE DT ☐ Delete
NAME CHOCK, MARIANNE S
STREET ADDRESS 13105 IXORA CT
CITY-ST-ZIP NORTH MIAMI FL 33181

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

TITLE D ☐ Delete
NAME BELL, ROBERT
STREET ADDRESS 13105 IXORA COURT
CITY-ST-ZIP N MIAMI FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)