

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90136 037 \*\*\*558.75

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**DOCUMENT # 843321**

1. Entity Name  
**KEY VENTURES N.V., INC.**



Principal Place of Business  
**14390 PALM BEACH POINT BLVD  
W. PALM BEACH FL 33414**

Mailing Address  
**13400 POLO RD WEST  
C 202  
W. PALM BEACH FL 33414  
US**



2. Principal Place of Business  
**13400 Polo Rd. West**

3. Mailing Address

Suite, Apt. #, etc.  
**C 202**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**West Palm Beach FL**

City & State

4. FEI Number **59-2056819**

Applied For  
Not Applicable

Zip **33414** Country **US**

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~URREIZTIETA, OSCAR~~  
**14390 PALM BEACH POINT BLVD.  
WEST PALM BEACH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD URREIZTIETA, OSCAR OFICINA 606 CHUAO CARACAS, VENEZUELA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FIRST INDEPENDENT TRUST 4 MIDDENSTRAAT CURACAO, NETHER ANTI</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D URREIZTIETA, CARLOTA 1881 Washington Ave. Miami Beach, FL 33139</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D URREIZTIETA, VIRGINIA 1881 Washington Ave. Miami Beach, FL 33139</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD URREIZTIETA, OSCAR 13400 Polo Rd. West Apt C202 West Palm Beach, FL 33414</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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 REQUIRED **July 17, 03** **561-753-5542**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)