2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # A16093

1. Entity Name
ABKEY, LTD.

Principal Place of Business	Mailing Address
1200 N FEDERAL HWY FT LAUDERDALE FL 33304	P.O. BOX 330927 COCONUT GROVE FL 33233

2. Principal Place of Business: 3444 MAIN HIGHWAY	3. Mailing Address:
Suite, Apt. #, etc.: 3RD FLOOR	Suite, Apt. #, etc.:
City & State: MIAMI FL	City & State:
Zip: 33133 / Country:	Zip: / Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2361677 ☐ 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
CORPORATION COMPANY OF MIAMI 1500 EDWARD BALL BUILDING 100 CHOPIN PLAZA MIAMI FL 33131 US	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 ____________ 04/26/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. 650,000.00

10. Amount of Capital Contributions in FLORIDA to date. 650,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	3444-48 MAIN HWY., 3 FL
NAME	ABKEY, INC.		
STREET ADDRESS	3444-48 MAIN HWY., 3 FL	CITY-ST-ZIP	COCONUT GROVE FL 33133
CITY-ST-ZIP	COCONUT GROVE FL		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

CR2E003 (11/00)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: BETTY G. AMOS PSTD 04/26/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #