

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91237 050 \*\*\*150.00

**DOCUMENT #** G56216

**1. Entity Name**

ABKEY NO. 1, INC.

**DO NOT WRITE IN THIS SPACE**

666641

**2. Principal Place of Business**

3444 Main Highway

Suite, Apt. #, etc.

Third Floor

**3. Mailing Address**

P. O. Box 330927

Suite, Apt. #, etc.

**City & State**

Miami, FL

**City & State**

Miami, FL

**Zip**

33133

**Country**

USA

**Zip**

33233

**Country**

USA

**4. FEI Number**

59-2340549

**Applied For**

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**7. Name and Address of Current Registered Agent**

**Name**

BETTY G. AMOS

Street Address (P.O. Box Number is Not Acceptable)  
3444 Main Highway

Third Floor

**City**

Coconut Grove

**FL**

**Zip Code**

33133

**DO NOT WRITE  
IN THIS SPACE**

**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**

**9. This corporation is eligible to satisfy its Intangible**

Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

PDST

BETTY G. AMOS

3444 MAIN HWY, 3rd FLOOR

COCONUT GROVE, FL 33133

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

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**DO NOT WRITE  
IN THIS SPACE**

**13. 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 11 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

BETTY AMOS, PRESIDENT

4/30/02

Date

305-442-4284

Daytime Phone #

CR2E034B (12/01)