

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90251 014 ***150.00

DOCUMENT # J13338

1. Entity Name

KEY LAND COMPANY, INC.

Principal Place of Business

**524 FERNWOOD RD
KEY BISCAYNE FL 33149**

Mailing Address

**524 FERNWOOD RD
KEY BISCAYNE FL 33149-1842**

2. Principal Place of Business

1570 MADRUGA AVENUE

3. Mailing Address

1570 MADRUGA AVENUE

Suite, Apt. #, etc.

SUITE 305

Suite, Apt. #, etc.

SUITE 305

City & State

CORAL GABLES, FLA.

City & State

CORAL GABLES, FLA.

Zip

33146

Country

USA

Zip

33146

Country

USA

4. FEI Number

59-2669787

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

GUILARTE, OLGA

524 FERNWOOD RD

KEY BISCAYNE FL 33149

Name

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

1570 MADRUGA AVENUE

SUITE 305

City

CORAL GABLES, FLA.

FL

Zip Code

33146

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

Olga Guilarte

01/15/00

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPS** ☐ Delete
NAME **WAKEFIELD, THOMAS H.**
STREET ADDRESS **1028 COTORRO AVENUE**
CITY-ST-ZIP **CORAL GABLES FL**

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

TITLE **P** ☐ Delete
NAME **GUILARTE, OLGA**
STREET ADDRESS **524 FERNWOOD ROAD**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1570 MADRUGA AVENUE, SUITE 305**
CITY-ST-ZIP **CORAL GABLES, FLA. 33146**

TITLE **VP** ☐ Delete
NAME **REBOZO, CHARLES F**
STREET ADDRESS **12400 S.W. 62 AVENUE**
CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Olga Guilarte
OLGA GUILARTE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/00

Date

(305) 740-0022

Daytime Phone #

CR2E034 (9/99)