

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90072 013 ***150.00

0149666

DOCUMENT # J95615

1. Entity Name

BIAMONTE'S OF KEY WEST, INC.

Principal Place of Business

~~1223 WHITE STREET~~
~~KEY WEST FL 33040~~
~~US~~

Mailing Address

~~1460 BRICKELL AVENUE~~
~~SUITE 212~~
~~MIAMI FL 33131~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1103 KEY PLAZA

Suite, Apt. #, etc.

1103 KEY PLAZA

City & State

KEY WEST FL

City & State

KEY WEST FL

Zip

33040

Country

U.S.

Zip

33040

Country

U.S.

6. Name and Address of Current Registered Agent

~~CHOLOBEL, MICHAEL~~
~~1460 BRICKELL AVENUE~~
~~SUITE 212~~
~~MIAMI FL 33040~~

7. Name and Address of New Registered Agent

Name **JORDAN WILLIAM**

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

03/22/2001

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, 2001 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

TITLE **PD** ☐ Delete
 NAME **JORDAN, WILLIAM**
 STREET ADDRESS **1075 DUVAL STREET, C-1**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

03/22/2001

Date

Daytime Phone #

CR2E034 (10/00)