

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008969 AF

DOCUMENT # L00000007571

1. Entity Name  
KEY VICTOIRE LLC

FILED

01 APR 23 PM 5:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2665 SOUTH BAYSHORE DRIVE, SUITE 703  
MIAMI FL 33133

Mailing Address  
2665 SOUTH BAYSHORE DRIVE, SUITE 703  
MIAMI FL 33133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 Brickell Ave  
Suite, Apt. #, etc.

3. Mailing Address

700 E. Dania Beach Blvd  
Suite, Apt. #, etc.  
Suite # 202

City & State  
Miami, FL

City & State  
Dania, FL

4. FEI Number

05-1022435

Applied For

Not Applicable

Zip  
33131

Country  
Dade

Zip  
33004

Country  
Broward

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORLD CORPORATE SERVICES, INC.  
2665 SOUTH BAYSHORE DRIVE, SUITE 703  
MIAMI FL 33133

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DESIGNE, DIDIER Y  
2665 SOUTH BAYSHORE DRIVE, SUITE 703  
MIAMI FL 33133 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DEVIGNES, Didier Y  
Commodore Club South # 1134  
Key Biscayne, FL. 33149 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700004134800 ☐ Change ☐ Addition  
05/03/01-01136-011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

April 16, 2001

CR2E083 (11/00)