

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90163 047 ***150.00

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DOCUMENT # L37853

1. Entity Name
KEY CAPITAL GROUP, INC.



Principal Place of Business
**9500 S DADELAND BLVD
STE 603
MIAMI FL 33156**

Mailing Address
**PO BOX 561009
MIAMI FL 33256-1009**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0161733**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LEWIS, JOHN M.
16021 SW 77TH CT
MIAMI FL 33157**

7. Name and Address of New Registered Agent

Name

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

9500 S Dadeland Blvd #603

City **Miami**

FL

Zip Code **33156**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John M. Lewis

4/11/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	LEWIS, JOHN M.	
STREET ADDRESS	16021 SW 77TH CT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	V	☐ Delete
NAME	LEWIS, LEE M.	
STREET ADDRESS	9500 DADELAND BLVD #603	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	S	☐ Delete
NAME	FALK, VICTOR S.	
STREET ADDRESS	9500 S. DADELAND BLVD. 603	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	V	☐ Delete
NAME	SILVER, JEFFREY A.	
STREET ADDRESS	9500 S. DADELAND BLVD. 603	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	9500 S Dadeland Blvd #603	
CITY-ST-ZIP	Miami FL 33156	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John M. Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Lewis 4/11/2003
PRESIDENT

Date

Daytime Phone #

305-470-7812

CR2E034 (10/02)