

2000 UNIFORM BUSINESS REPORT (UBR)

0006427 AF

DOCUMENT # L99000003154

1. Entity Name
KEY DISCOUNT USA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 PM 1:19

Principal Place of Business
350 CAMINO GARDENS BLVD., SUITE 200
BOCA RATON FL 33432

Mailing Address
350 CAMINO GARDENS BLVD., SUITE 200
BOCA RATON FL 33432-5847



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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
SMOLEV, IRA
350 CAMINO GARDENS BLVD., SUITE 200
BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
3/13/00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
TURIANSKY, BRUCE
350 CAMINO GARDENS BLVD., SUITE 200
BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
400003169054-3
-03/14/00--01082--006
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED TURIANSKY

1/14/00 561362675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)