

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007239

1. Entity Name

KEY INTERNATIONAL PEMBROKE PINES, L.C.

FILED

00 FEB -3 PM 4: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

848 BRICKELL AVENUE, SUITE 1000
MIAMI FL 33131

Mailing Address

848 BRICKELL AVENUE, SUITE 1000
MIAMI FL 33131-2976

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

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

MURAI WALD BIONDO & MORENO, P.A.
25 S.E. 2ND AVE., 900 INGRAHAM BLDG.
MIAMI FL 33131

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
MGRM
KEY INTERNATIONAL GROUP, INC.
848 BRICKELL AVENUE, SUITE 1000
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
300003125133--0
-02/07/00--01015--001
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KEY INTERNATIONAL 848, INC.
848 BRICKELL AVENUE, SUITE 1000
MIAMI FL 33131 ☐ Delete

TITLE
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CITY - ST - ZIP
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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 OR MANAGER

Date

Daytime Phone #

Jose M. Ardid MGRM Key Int'l Jan. 6, 2000 (305) 377-1001