

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M81711

1. Entity Name

Florida Key Chains, Inc. ✓

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90043 003 \*\*\*150.00

A0035448

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
c/o Anthony M. O'Rourke Same as Business  
10201 SW 125th Ave  
Miami, FL 33186

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 65-0124723 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
O'Rourke, Anthony M.  
10201 SW 125th Ave  
Miami, FL 33186

7. Name and Address of New Registered Agent  
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

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 NAME STREET ADDRESS CITY-ST-ZIP  
DP O'Rourke, Anthony M. 10201 SW 125th Ave Miami, FL 33186 ☐ Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: Anthony M. O'Rourke Anthony O'Rourke (305) 279-5263  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3-14-2001 Daytime Phone #

CR2E034 (11/00)