

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001744

1. Entity Name

KEY WEST MAIN STREET, INC.

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

06-29-2000 90632 024 \*\*\*\*70.00

Principal Place of Business

E23 11TH AVE  
KEY WEST FL 33040  
US

Mailing Address

G-17 ROBERTA STREET  
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0406904

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

SULLIVAN, KEN  
E23 11TH AVE  
APT D  
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name **PARKS SR. CARLISS**

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

**G-17 ROBERTA ST.**

City **KEY WEST**

FL

Zip Code **33040**

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

*Carliss Parks* **CARLISS PARKS SR.**

6-17-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TR	<input type="checkbox"/> Delete
NAME	PARKS, CARLIS	
STREET ADDRESS	617 ROBERTA ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, MELISA	
STREET ADDRESS	709 WHITMARSH LN	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FISHER, ROBERT	
STREET ADDRESS	313 CROSS ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIMMONS, TEDDY	
STREET ADDRESS	5435 5TH AVE	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MENITE, JAMES	
STREET ADDRESS	711 CHAPMAN LN	
CITY-ST-ZIP	KEY WEST FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SULLIVAN, KEN	
STREET ADDRESS	E. 23 11TH AVE.	
CITY-ST-ZIP	KEY WEST FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD/TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS CARLISS SR.	
STREET ADDRESS	G-17 ROBERTA ST.	
CITY-ST-ZIP	KEY WEST FLA. 33040	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE MELISSA	
STREET ADDRESS	709 WHITMARSH LN.	
CITY-ST-ZIP	KEY WEST FLA. 33040	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEENA ALLEN	
STREET ADDRESS	449-6TH AVE.	
CITY-ST-ZIP	KEY WEST FLA. 33040	
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAM LOPEZ	
STREET ADDRESS	326 AMELIA ST.	
CITY-ST-ZIP	KEY WEST FLA. 33040	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAYTON L. LOPEZ	
STREET ADDRESS	326 AMELIA ST.	
CITY-ST-ZIP	KEY WEST, FL. 33040	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN KEN	
STREET ADDRESS	E-23 11TH AVE.	
CITY-ST-ZIP	KEY WEST FLA. 33040	

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 617, 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: *Carliss Parks* **CARLISS PARKS SR.**

6-17-2000

305-304-0781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)