

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91635 007 \*\*\*\*70.00

**DOCUMENT # N94000002603**

1. Entity Name

**KEY WEST RESIDENT MANAGEMENT CORPORATION**

Principal Place of Business

Mailing Address

1400 KENNEDY DRIVE  
 C/O K.W. HOUSING AUTHORITY  
 KEY WEST FL 33040

1400 KENNEDY DRIVE  
 C/O K.W. HOUSING AUTHORITY  
 KEY WEST FL 33040

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

**65-0508211**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GREENE, KY~~

**301 WHITE APT 7-E  
 KEY WEST FL 33040**

Name

**Paulette Rivas**

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

**1200 First St. Apt. H-2**

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

*Paulette Rivas*

**Paulette Rivas, President**

**4/25/02**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
 NAME **GREENE, KY**  
 STREET ADDRESS **301 WHITE ST, APT 7-E**  
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Paulette Rivas**  
 STREET ADDRESS **1200 First St., H-2**  
 CITY-ST-ZIP **Key West, FL 33040**

TITLE **VPD** ☐ Delete  
 NAME **RIVAS, PAULETTE**  
 STREET ADDRESS **1200 FIRST ST, APT.F-3**  
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Delete  
 NAME **FISHER, LOUIS**  
 STREET ADDRESS **301 WHITE ST, APT 14-G**  
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **T** ☒ Change ☐ Addition  
 NAME **Louis Fisher**  
 STREET ADDRESS **1200 First St, Apt. H-4**  
 CITY-ST-ZIP **Key West, FL 33040**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 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 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:** *Paulette Rivas* **Paulette Rivas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-02**

**305-296-5621**

CR2E037 (9/01)