

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90296 006 ****61.25

DOCUMENT # N98000005194

1. Entity Name

KEYS TO THE FUTURE DAYS IN GEAR TO THE TWENTY FI

Principal Place of Business

Mailing Address

C/O THELMA E. SYMONETTE BRANTLEY, PRES.
P.O. BOX 681228
MIAMI FL 33168

C/O THELMA E. SYMONETTE BRANTLEY, PRES.
P.O. BOX 681228
MIAMI FL 33168

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

65-0772481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRAFT, SHARON
C/O ABC BOOKKEEPING SERVICE
6800 CODY ST.
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name **Shirley McClinton**
Street Address (P.O. Box Number is Not Acceptable) **2973 NW 62 Street**
City **Miami** FL Zip Code **33147**

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 \$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 **PD** ☐ Delete
NAME **SYMONETTE BRANTLEY, THELMA E**
STREET ADDRESS **P.O. BOX 681228 N/A**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE **D** ☐ Delete
NAME **BROOK, MAE**
STREET ADDRESS **17310 NW 41 AVE**
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **D** ☐ Delete
NAME **DAWSON, THOMAS J**
STREET ADDRESS **3765 OAK RIDGE LANE**
CITY-ST-ZIP **WESTON FL 33331**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)