

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001773

1. Entity Name

KEY WEST CARGO RESORTWEAR INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90233 012 ***150.00

Principal Place of Business

777 NW 72ND AVE. 2K8
MIAMI FL 33126

Mailing Address

PO BOX 347134
CORAL GABLES FL 33234

2. Principal Place of Business

8308 NW 56 St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 347134

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

Zip
33166

Country

USA

City & State

Coral Gables, FL

Zip

33234

Country

USA

4. FEI Number

65-0983107

Applied For

No: Application

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEINER, ERVIN A III
777 NW 72ND AVE.
UNIT 2K8
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

Ervin A. Steiner III

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

8308 NW 56 St.

City

MIAMI

State

Zip Code

33166

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 of President, Secretary, Treasurer, or Registered Agent and title applicable)

(NOTE: Registered Agent's 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 \$650.00

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-STATE-ZIP ☐ Delete

President
Debra McLaughlin
8308 NW 56 St.
MIAMI, FL 33166

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete

Vice-President
ERIC J. STEINER
8308 NW 56 St.
MIAMI, FL 33166

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete

Sec./Treasurer
Ervin A. Steiner III
8308 NW 56 St.
MIAMI, FL 33166

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

(Signature and Printed Name of Signing Officer or Director)

305-399-6606
4/22/01

CR2E034 (10/00)