## **2002 UNIFORM BUSINESS REPORT (UBR)**

P0000001773 **DOCUMENT #** 

1. Entity Name

KEY WEST CARGO RESORTWEAR INC.

Principal Pla	ce of Business	Mailing Address						
8308 NW 56		PO BOX 347134						
MIAMI FL 33		CORAL GABLES FL 33234						
					1 (48)(44) (1) (4)(1) 41(1) 41(1) 41(1)			
	Place of Business	3. Mailing Address				<b>   </b>		
2010 Staples Ave. P.O. Box 6 Suite, Apt. #, etc. Suite, Apt. #, etc.								
Suite, Apt	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE		
₽ Çity & Sta	to	City & Chata			·			
	West, FL	City & State  Key West	FL	4.	FEI Number <b>65-0983107</b>	<b>├</b> ─	Applied For Not Applicable	
Zip	Country	Zip Zip	Country		·	<u> </u>		
330		33041	USA	5.	Certificate of Status Desired	Fee Requ		
	6. Name and Address of Current F	Registered Agent		7:	Name and Address of New Reg	istered Agent		
075W (50	POLENI A III		Name	STOIL	ver, Ervin	A TIL		
	ERVIN A III		Street A	Street Address (P.O. Box Number is Not Acceptable)				
8308 NW 56 ST					STaples AVE	۷		
Miami Fl	. 33166				,			
			City	Key V	1/0 5-	FL Zip Ca	ode //-	
O The above						32	040	
b. The above	e named entity submits this statement for	ne purpose of changing its re	gistered office o	r registered a	gent, or both, in the State of Florid	a.		
SIGNATURE	signature types or printe and cit registator algent as	ng/ije if epplicable. (NOTE: F	Priving Agent signa	4. Ste ture required when	incr III super	4/19/02	<u> </u>	
9. This corn	oration is eligible to satisfy its Intangible	FILE NOW!!!	EEE IC 6150		<del>                                     </del>			
Tax filing	requirement and elects to do so.	After May 1, 2002			10. Election Campaign Finance	· _ •	.00 May Be	
	ria on back)	Make Check Payable			Trust Fund Contribution.	∐ Add	ed to Fees	
11,	OFFICERS AND E	DIRECTORS	12.	AI		RS AND DIRECTO	RS IN 11	
TITLE	Р	☐ Delete	TITLE	Pres.		Change	Addition	
NAME	MCLAUGHLIN, DEBRA		NAME	McLa	ughlin, Debra			
STREET ADDRESS	8308 NW 56 ST		STREET ADDRESS	2010	STAPLES AVE			
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP	1524		3040		
TITLE	VP STEINED FOIC !	☐ Delete	TITLE	VP '		Change	☐ Addition	
NAME STREET ADDRESS	STEINER, ERIC J		NAME	STEIN	er, Eric J.			
CITY-ST-ZIP	8308 BW 56 ST   MIAMI_FL:33166		STREET ADDRESS CITY-ST-ZIP	2010	STAPLES ATTERES	1300 PG		
TITLE	ST ST	☐ Delete	<del></del>	- / <b>\$ CS</b> -	WEST, FI 330	70		
NAME	STEINER, ERVIN A III	□ Delete	TITLE NAME	ST	er FruiN A-TL	Change	Addition	
STREET ADDRESS	8308 NW 56 ST		STREET ADDRESS	1010	STRALES AVE			
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP	Wale	staples Ave. West, FL 3	3040		
TITLE		☐ Delete	TITLE	1	** = 31, 1 = 3.	☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP >		·	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				{	
		——————————————————————————————————————	CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS			NAME Street address					
			CITY-ST-ZIP				f	

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 appears, with all other like empowered.

SIGNATURE:

Daytime Phone #