

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 10, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000030055**1. Entity Name  
KEY-LYNX ASSOCIATES, INC.

Principal Place of Business 2803 EAST COMMERCIAL BLVD.  FORT LAUDERDALE FL 33308	Mailing Address 2803 EAST COMMERCIAL BLVD.  FORT LAUDERDALE FL 33308
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2. Principal Place of Business 5400 NW 21ST TERRACE	3. Mailing Address 5400 NW 21ST TERRACE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State FORT LAUDERDALE FL	City & State FORT LAUDERDALE FL
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4. FEI Number <b>65-0994093</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip 33309	Country	Zip 33309	Country
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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**GOLDSTEIN MARK B  
2700 N. MILITARY TRAIL  
SUITE 220  
BOCA RATON FL 33431 US

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 \_\_\_\_\_ DATE **04/10/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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 \$550.00**  
**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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAGNETTA ANDREW RJR. 2803 EAST COMMERCIAL BLVD. FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARRO MATTHEW J 2803 EAST COMMERCIAL BLVD. FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN MARK B 2700 N. MILITARY TRAIL SUITE 220 FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAGNETTA ANDREW RJR. 5400 NW 21 TERRACE FORT LAUDERDALE FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARRO MATTHEW J 5400 NW 21ST TERRACE FORT LAUDERDALE FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address, with all other like empowered.

**SIGNATURE:** Andrew R. Cagnetta Jr.

D 04/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)