

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90110 006 ***150.00

DOCUMENT # P00000030055 ✓

1. Entity Name

KEY-LYNX ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
900 S.E. Third Avenue

3. Mailing Address
900 S.E. Third Avenue

Suite, Apt. #, etc.
205

Suite, Apt. #, etc.
205

City & State
Ft. Lauderdale, Florida

City & State
Ft. Lauderdale, Florida

4. FEI Number
65-0994093

☐ Applied For
☒ Not Applicable

Zip
33316

Country
USA

Zip
33316

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Mark B. Goldstein, Esq.

Street Address (P.O. Box Number is Not Acceptable)
2700 N. Military Drive

Suite 130

City
Boca Raton

FL

Zip Code
33431

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 Mark B. Goldstein, Esq.

4-24-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent 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) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
President
NAME
Matthew J. Sarro
STREET ADDRESS
900 SE Third Avenue, Suite 205
CITY- ST- ZIP
Ft. Lauderdale, Florida 33316

TITLE
Vice President
NAME
Joseph D. Weingard
STREET ADDRESS
900 SE Third Avenue, Suite 205
CITY- ST- ZIP
Ft. Lauderdale, Florida 33316

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Matthew J. Sarro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02

Date

(954) 462-8757

Daytime Phone #

CR2E034B (12/01)