

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000031319

1. Entity Name

KEY DOT CORPORATION

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90107 041 ***150.00

Principal Place of Business
104 CRANDON BLVD. SUITE 301
KEY BISCAYNE FL 33149

Mailing Address
104 CRANDON BLVD. SUITE 301
KEY BISCAYNE FL 33149

00040000



DO NOT WRITE IN THIS SPACE

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

65-1002168

Applied For

Not Applicable

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

BEALS, JUSTIN E
80 SW 8TH ST, SUITE 1830
MIAMI FL 33130

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

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) ☐

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 ~~D~~
NAME ~~DZIURA, EDWARD C~~
STREET ADDRESS ~~472 FERNWOOD RD~~
CITY-ST-ZIP ~~KEY BISCAYNE FL 33149~~

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ~~D~~
NAME ~~WRIGHT, ANNE O~~
STREET ADDRESS ~~200 OCEAN LANE DR, APT NO. 304~~
CITY-ST-ZIP ~~KEY BISCAYNE FL 33149~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ~~B~~
NAME ~~RAY, NANCY~~
STREET ADDRESS ~~2651 THOMAS ST~~
CITY-ST-ZIP ~~HOLLYWOOD FL 33020~~

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ~~D~~
NAME ~~RAY, RICHARD B~~
STREET ADDRESS ~~2651 THOMAS ST~~
CITY-ST-ZIP ~~HOLLYWOOD FL 33020~~

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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: Anne Owens Wright; Anne Owens Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-01

Date

305-361-3333

Daytime Phone #

CR2E034 (10/00)

0186359