

2001 UNIFORM BUSINESS REPORT (UBR)

1/10

FILED
May 05, 2001 8:00 am
Secretary of State

01-16-2001 90094 043 ***150.00

DOCUMENT # P00000032120

1. Entity Name

KEY WEST VILLAS RESORT, INC.

Principal Place of Business

921 CENTER ST. #8
 KEY WEST FL 33040

Mailing Address

921 CENTER ST. #8
 KEY WEST FL 33040

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0992612

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

MARMORA, SABATINO J
 921 CENTER ST. #8
 KEY WEST FL 33040

7. Name and Address of New Registered Agent

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.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
 NAME CORVO, MICHAEL M
 STREET ADDRESS 921 CENTER ST. #8
 CITY-ST-ZIP KEY WEST FL 33040

☐ Delete

TITLE STD
 NAME MARMORA, SABATINO J
 STREET ADDRESS 1029 TRUMAN AVE. #2
 CITY-ST-ZIP KEY WEST FL 33040

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change

☐ Addition

921 CENTER ST #8
 KEY WEST FL 33040

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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 STREET ADDRESS
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 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
 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:

SABATINO J. MARMORA Secy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/01

Date

305 252 6200

Daytime Phone #

CR2E034 (10/00)