2002 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04-16-2002 90134 022 ***150.00
02 AUG -1 PM 4:01

DOCUMENT # P00000036910

1. Entity Name
Torres Keystone, Inc.

Principal Place of Business	Mailing Address
1555 W. 42nd. Place #5 Hialeah, FL 33012 US	1555 W. 42nd. Place #5 Hialeah, FL 33012 US

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 65-1000232 ☐ 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
Valdes, Nivaldo 1555 W. 4nd. Place # 5 Hialeah, FL 33012	Name Valdes,Nivaldo Street Address (P.O. Box Number is Not Acceptable) 1555 W. 42nd. Place # 5 City Hialeah **FL** Zip Code 33012

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 _____ Nivaldo Valdes 4/03/02
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) ☐

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	PD Valdes, Nivaldo 1555 W. 4nd. Place # 5 Hialeah, FL 33012	☐ Delete	PD Valdes, Nivaldo 1555 W. 42nd. Place # 5 Hialeah, FL 33012	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Torres, Jesus 375 West 18th. St # 109 Hialeah, FL 33012	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Rodriguez, Augusto 340 West 19th ST #6 Hialeah, FL 33012	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

8/1/02 AV

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: _____ Nivaldo Valdes 4/3/02 (786) 351-2244