

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000078974**

1. Entity Name

820 KEY COLONY NO. 3, INC.**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90077 047 ***150.00

0186132

Principal Place of Business

151 CRANDON BLVD. #200
KEY BISCAYNE FL 33149

Mailing Address

151 CRANDON BLVD. #200
KEY BISCAYNE FL 33149

2. Principal Place of Business

3. Mailing Address

151 Crandon Boulevard
Suite, Apt. #, etc.
#820**2289 NW 82 Avenue**
Suite, Apt. #, etc.City & State
Key Biscayne, FLCity & State
Miami, FLZip
33149Country
USAZip
33122Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.
201 S. BISCAYNE BLVD.
SUITE 3000
MIAMI FL 33131

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
President	Mike Segal	201 S. Biscayne Blvd., Suite 3000	Miami, FL 33131		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mike Segal, President

4/27/01

Date

(305) 373-9400

Daytime Phone #

CR2E034 (10/00)