

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State
 01-16-2002 90269 036 ***150.00

DOCUMENT # P00000103137

1. Entity Name
KEYDATA 2000, CORP.

Principal Place of Business

**12113 SW 251 STREET
 HOMESTEAD FL 33032**

Mailing Address

**12113 SW 251 STREET
 HOMESTEAD FL 33032**



2. Principal Place of Business

8404 NW 70th ST

3. Mailing Address

8404 NW 70th ST

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-1052517**

Applied For
Not Applicable

Zip

Country

33166

USA

Zip

Country

33166

USA

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

6. Name and Address of Current Registered Agent

**HERNANDEZ, MARIANELA
 12113 SW 251 STREET
 HOMESTEAD FL 33032**

7. Name and Address of New Registered Agent

Name **DE PINHO, MANUEL A** **(55# 584-99-6486)**
Street Address (P.O. Box Number is Not Acceptable)
8404 NW 70th ST
City **MIAMI** **FL** **Zip Code** **33166**

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

(NOTE: Registered Agent signature required when reinstating)

1/7/02
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, 2002 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DE PINHO, MANUEL A	
STREET ADDRESS	12113 SW 251 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DE PINHO, MANUEL A	
STREET ADDRESS	12113 SW 251 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE PINHO, MANUEL A	
STREET ADDRESS	8404 NW 70th ST	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE PINHO, MANUEL A	
STREET ADDRESS	8404 NW 70th ST	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **X**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 **(305) 710-1066**
 Date Daytime Phone #

CR2E034 (9/01)