

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108369

1. Entity Name

PARIS KEY WEST, INC.

Principal Place of Business

3920 S ROOSEVELT BLVD SUITE 408E
KEY WEST FL 33040

Mailing Address

3920 S ROOSEVELT BLVD SUITE 408E
KEY WEST FL 33040

2. Principal Place of Business

312 Petronia St

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Key West FL

City & State

Zip
33040

Country

Morroe

Zip

Country

4. FEI Number

65-1062134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROMANDETTA, STEPHEN
3920 S ROOSEVELT BLVD SUITE 408E
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. ☐

\$5.00 May Be
Added to Fees

11. **President** OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
Stephen Romandetta
STREET ADDRESS 3920 S Roosevelt Blvd #408 E
CITY-ST-ZIP Key West FL 33040

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.15.2001

Date

Daytime Phone #

0002618

CR2E034 (10/00)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90405 031 ***150.00

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DO NOT WRITE IN THIS SPACE