

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90119 017 ***150.00

DOCUMENT # P01000014703

1. Entity Name
MATEY'S OF KEY WEST, INC.

Principal Place of Business

1420 SIMONTON STREET
KEY WEST FL 33040

Mailing Address

1420 SIMONTON STREET
KEY WEST FL 33040

2. Principal Place of Business

500 Truman Avenue

Suite, Apt. #, etc.

Suite 1

City & State

Key West, Florida

Zip

33040

Country

Monroe

3. Mailing Address

500 Truman Avenue

Suite, Apt. #, etc.

Suite 1

City & State

Key West, Florida

Zip

33040

Country

Monroe



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1072597

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JENKINS, DONALD W
1420 SIMONTON STREET
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name **Jenkins, Donald W.**

Street Address (P.O. Box Number is Not Acceptable)

500 Truman Avenue

Suite 1

City

Key West,

FL

Zip Code

33040

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

3/13/02

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 **PSTD**
 NAME **JENKINS, DONALD**
 STREET ADDRESS **1420 SIMONTON STREET**
 CITY-ST-ZIP **KEY WEST FL 33040**

☐ Delete

TITLE
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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD**
 NAME **Jenkins, Don**
 STREET ADDRESS **500 Truman Avenue, Suite 1**
 CITY-ST-ZIP **Key West, Florida 33040**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02

Date

305-587-1378

Daytime Phone #

CR2E034 (9/01)