

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000035758

1. Entity Name

OUR LIFESTYLE KEY BISCAYNE, INC.

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

05-28-2002 91609 003 ***158.75

41959

Principal Place of Business Mailing Address
 780 NORTHWEST LEJEUNE ROAD 780 NORTHWEST LEJEUNE ROAD
 SUITE 516 SUITE 516
 MIAMI FL 33126 MIAMI FL 33126

2. Principal Place of Business 3. Mailing Address
 3001 SW 28 LANE 420 ISLAND DR
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Co Conot Grove, FL Key Biscayne, FL
 Zip Country Zip Country
 33133 Dade 33149 Dade.

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-1090914 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
 SPIEGEL & UTRERA, P.A. Name Aurelio A. Piedra
 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable)
 CORAL GABLES FL 33134 #516
 City Miami FL 33126

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]* DATE 8/20/02
 (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZYLBERMAN, SYMCHA		NAME		
STREET ADDRESS	780 NORTHWEST LEJEUNE ROAD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZYLBERMAN, SYMCHA		NAME		
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TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 the like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/02 Date 305 443 7122

CR2E034 (9/01)