

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90058 006 \*\*\*150.00

**DOCUMENT # P01000038191**

1. Entity Name  
**SOLE DI KEY BISCAYNE, CORP**

Principal Place of Business  
**599 GLENRIDGE ROAD  
 KEY BISCAYNE FL 33149**

Mailing Address  
**599 GLENRIDGE ROAD  
 KEY BISCAYNE FL 33149**

15140



2. Principal Place of Business  
**335 W PALMWOOD LANE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**335 W PALMWOOD LANE**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Key Biscayne FL**  
 Zip  
**33149**  
 Country  
**US**

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**Key Biscayne FL**  
 Zip  
**33149**  
 Country  
**US**

4. FEI Number  
**65-1137730**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RAMIREZ, MANUEL  
 1200 BRICKELL AVENUE  
 SUITE 1440  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name  
**MAIETTO, RENZO**

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

**335 W. PALMWOOD LANE**

City  
**Key Biscayne FL** Zip Code  
**33149**

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.

**RENZO MAIETTO**

(NOTE: Registered Agent signature required when reinstating)

**2/9/02**  
 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  
**PPD** ☐ Delete  
 NAME  
**MAINARDI, STEFANO**  
 STREET ADDRESS  
**599 GLENRIDGE ROAD**  
 CITY-ST-ZIP  
**KEY BISCAYNE FL 33149**

TITLE  
**ST** ☐ Delete  
 NAME  
**MAIETTO, RENZO**  
 STREET ADDRESS  
**599 GLENRIDGE ROAD**  
 CITY-ST-ZIP  
**KEY BISCAYNE FL 33149**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RENZO MAIETTO**

**2/9/02**  
 Date

**786-247-5800**  
 Daytime Phone #

CR2E034 (9/01)