

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000042385 ✓
1. Entity Name
KEY DEVELOPERS AND INVESTORS INC

427224

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9640 SW 152 AVE
Suite, Apt. #, etc. 31
City & State Miami
Zip 33196 Country Dade

3. Mailing Address
1460 NW 107 AVE
Suite, Apt. #, etc. P
City & State Miami FL
Zip 33172 Country Dade

DO NOT WRITE IN THIS SPACE

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4. FEI Number 05-0988168 Applied For ☐ Not Applicable ☒

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

7. Name and Address of Current Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable)
9640 SW 152 Avenue
APT 31
City Miami FL Zip Code 33196

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] 3/8/02
Signature typed or printed name of registered agent and date of application. (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)

January 1st - May 1st Fee is \$150.00
After May 1st Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY-ST-ZIP
<u>P</u>	<u>Santos Gonzalez</u>	<u>9640 SW 152 AVE #31</u>	<u>Miami FL 33196</u>
<u>✓</u>	<u>LLAGUO TORRE</u>	<u>9800 SW 155 AVE</u>	<u>Miami FL 33196</u>

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 3/8/02
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/01)