

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED

03 SEP 25 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P010000042385**

1. Entity Name  
**Key Developers & Investors INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**12964 SW 133 St**  
Suite, Apt. #, etc.  
**B-2**  
City & State  
**Miami**

3. Mailing Address  
*[Signature]*  
Suite, Apt. #, etc.  
City & State  
*[Signature]*  
Zip  
**33186** Dade Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

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  
**Santos Gonzalez**

Street Address (P.O. Box number is not acceptable)  
**12964 SW 133 St**

City  
**Miami**

City  
**Miami** FL Zip Code  
**33186**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **9/19/03**

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE <b>PRESIDENT</b>	NAME <b>Santos Gonzalez</b>	TITLE <b>400023308644</b>	NAME <b>09/24/03-01059-011 **150.00</b>
STREET ADDRESS <b>PO Box 163208</b>	STREET ADDRESS <b>PO Box 163208</b>	DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP <b>MIAMI FL 33116</b>	CITY-ST-ZIP <b>MIAMI FL 33116</b>		
TITLE	NAME		
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME		
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME		
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME		
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		

12. I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included in 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 10 or on an attachment with an address, with all other like empowers.

SIGNATURE: *[Signature]* DATE **9/19/03**

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

CR20043 (12/02)

9/25

**KEY DEVELOPERS AND INVESTORS INC**  
12964 SW 133 COURT  
MIAMI FLORIDA 33186

TELEPHONE  
305-969-5111

FACSMILE  
305-969-2250

September 21, 2003

**Florida Department of State**  
**409 East Gaines Street**  
**Tallahassee Florida 32214**

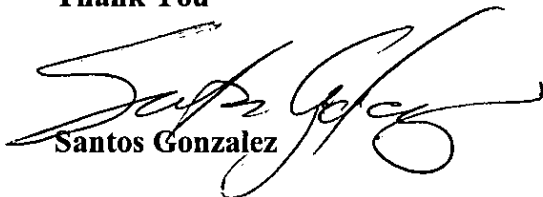
**Attention Reinstatement Department**

**To whom it may concern,**

Enclosed please find our Annual Business Report, We didn't received the form and it was left a side, please accept our apology for the inconvenience and for future will be done accordingly.

Please find our check # 1012 for the amount of \$150.00 dollars., as the conversation with your analyst specialist.

**Thank You**

  
**Santos Gonzalez**