2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P01 DOCUMENT

1. Entity Name

HIALEAH FL 33014

Principal Place of Business 6895 WEST 4TH AVE

2. Principal Place of Business

the obligations of registered agent.

Make Check Payable to Florida Department of State

Suite, Apt, #, etc.

City & State

Zip

KEY ENTERPRISE WAREHOUS

000088924 E, INC.	

6895 WEST 4TH AVE

HIALEAH FL 33014

3. Mailing Address

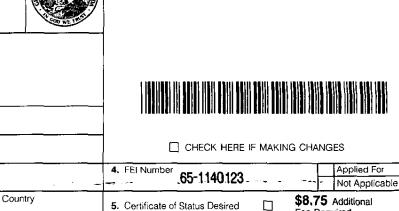
City & State

Zip

Suite, Apt. #, etc.

FILED May 05, 2003 8:00 am § Secretary of State

05-05-2003 90204 023 ***150.00



PEREZ, MARIA 6895 WEST 4TH AVE HIALEAH FL 33014

6. Name and Address of Current Registered Agent

Country

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

7. Name and Address of New Registered Agent

City Zip Code 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

SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating
. FILE NOW!!! FEE IS \$150.00	9
After May 1, 2003 Fee will be \$550.00	

. Election Campaign Financing Trust Fund Contribution.

DATE

\$5.00 May Be Added to Fees

Fee Required

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D : TITLE Change ☐ Addition TITLE ☐ Delete NAME PEREZ, MARIA NAME STREET ADDRESS 6895 WEST 4TH AVE STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33014 CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

CR2E034 (10/02