

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90270 021 ***163.75

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DOCUMENT # P01000089998

1. Entity Name
CALA'S KEY, INC.

Principal Place of Business

**3971 S.W. 8TH STREET
 SUITE 305
 MIAMI FL 33134**

Mailing Address

**3971 S.W. 8TH STREET
 SUITE 305
 MIAMI FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX 490745

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 490745

Suite, Apt. #, etc.

City & State
Key Biscayne FL

City & State
Key Biscayne FL

4. FEI Number
03-0405650

Applied For
 Not Applicable

Zip
33149

Country
USA

Zip
33149

Country
U.S.A

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

6. Name and Address of Current Registered Agent

**LAMAR, MARIO A
 3971 S.W. 8TH STREET
 SUITE 305
 MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name **IRENE CACERES**
 Street Address (P.O. Box Number is Not Acceptable)
151 CRANDON BLVD # 534
 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 *Irene Caceres* **IRENE CACERES**

DATE **4/15/02**

Signature, typed or printed name of registered agent and title if applicable. (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

TITLE **D** Delete
 NAME **LAMAR, MARIO A**
 STREET ADDRESS **3971 S.W. 8TH STREET SUITE 305**
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** Change Addition
 NAME **IRENE CACERES**
 STREET ADDRESS **151 CRANDON BLVD # 534**
 CITY-ST-ZIP **Key Biscayne FL 33149**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change Addition
 NAME
 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: *Irene Caceres* **IRENE CACERES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/15/02** DAYTIME PHONE # **(305) 3651788**

CR2E034 (9/01)