

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-11-2002 90004 031 ***150.00

DOCUMENT # P01000117511

1. Entity Name

KEYSTONE DEPOT, INC.

Principal Place of Business

**9112 SW 142 PATH
 MIAMI FL 33186**

Mailing Address

**9112 SW 142 PATH
 MIAMI FL 33186**

2. Principal Place of Business

4034 NW 32 AVE

3. Mailing Address

9112 SW 142 PATH

Suite, Apt. #, etc.

MIAMI, FLORIDA

Suite, Apt. #, etc.

MIAMI, FLORIDA

City & State

33142

City & State

33142

Zip

Country

U.S.A

Zip

Country

4. FEI Number

30-001-7636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUARTA, ADRIANA M
 9112 SW 142 PATH
 MIAMI FL 33186**

Name

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

City

FL

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.

SIGNATURE

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

(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)

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 NAME ☐ Delete

**D
 QUARTA, ADRIANA M
 9112 SW 142 PATH
 MIAMI FL 33186**

TITLE NAME ☐ Delete

**D
 QUARTA, ALESSANDRO M
 9112 SW 142 PATH
 MIAMI FL 33186**

TITLE NAME ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE
 NAME
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 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE
 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:

Adriana Quarta
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-25/02 (305) 633-2228

Date

Daytime Phone #

CR2E034 (9/01)