2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State
05-19-2003 90212 004 ***158.75

Check for 150-, the original form was returned

90136647

DOCUMENT # P02000050261

1. Entity Name
KEY ITEMS ENTERPRISES, INC

Principal Place of Business	Mailing Address
3250 MARY ST #305 COCONUT GROVE, FL 33071	3250 MARY ST #305 COCONUT GROVE, FL 33071

2. Principal Place of Business	3. Mailing Address
14 NE 1st Avenue	14 NE 1st Avenue
Suite, Apt. #, etc. 402	Suite, Apt. #, etc. 402
City & State: Miami Florida	City & State: Miami Florida
Zip: 33132 Country: USA	Zip: 33132 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 37-1429429 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SABRI, CHAKIRS
976 CORAY BLVD DR
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name: Chakib Sabri
Street Address (P.O. Box Number is Not Acceptable): 866 NW 126th Dr
City: Coral Springs FL Zip Code: 33071

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 05/15/03

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chakib Sabri President 866 NW 126th Dr Coral Springs Fl 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 05/15/03 Daytime Phone # 3059169780