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FILED
May 21, 2003 8:00 am
Secretary of State

04-30-2003 90159 012 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000073306

1. Entity Name
KEY BISCAYNE PROPERTY MANAGEMENT COMPANY

55042528

Principal Place of Business	Mailing Address
211 E ENID DR KEY BISCAYNE, FL 33149	211 E ENID DR KEY BISCAYNE, FL 33149

2. Principal Place of Business	3. Mailing Address
799 Crandon Blvd.	799 Crandon Blvd.
Suite, Apt. #, etc. 1207	Suite, Apt. #, etc. 1207
City & State Key Biscayne, FL	City & State Key Biscayne, FL
Zip 33149 Country	Zip 33149 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☐ 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
AVELLO, CRISTINA 211 E ENID DR KEY BISCAYNE, FL 33149	Name: Cristina Avello Street Address (P.O. Box Number is Not Acceptable): 799 Crandon Blvd. 1207 - Apt. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

[illegible]

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	D AVELLO, CRISTINA 211 E ENID DR KEY BISCAYNE, FL 33149 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 799 Crandon Blvd. Apt. 1207 Key Biscayne, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMMATARO, JAMES 211 E ENID DR KEY BISCAYNE, FL 33149 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 799 Crandon Blvd., Apt. 207 Key Biscayne, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Cristina Avello 4/27/03 (305)494-4878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #