

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P92000001494**

1. Entity Name

KEY BISCAYNE CONSULTANTS, INC.**FILED****Apr 12, 2001 8:00 am**
Secretary of State

04-12-2001 90168 041 ***150.00

0152546

Principal Place of Business

**290 174TH STREET
SUITE M-18
MIAMI BEACH FL 33160**

Mailing Address

**C/O BROAD AND CASSEL
201 S. BISCAYNE BLVD., #3000
MIAMI FL 33131****00030409**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

650 West Ave

Suite, Apt. #, etc.

Apt 2803

City & State

Miami Beach

Zip

33139

Country

USA

City & State

Miami Beach

Zip

33139

Country

USA

City & State

Miami Beach

Zip

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Country

USA

6. Name and Address of Current Registered Agent

**B & C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE, SUITE 3000
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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, 2001 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 **PSTD** ☐ Delete
NAME **CUCCHINRELLA, ROBERT**
STREET ADDRESS **290 174TH STREET, STE. M-18**
CITY-ST-ZIP **MIAMI BEACH FL 33160**TITLE **VD** ☐ Delete
NAME **CUCCHIARELLA, ROBERT**
STREET ADDRESS **290 174TH STREET, STE. M-18**
CITY-ST-ZIP **MIAMI BEACH FL 33160**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **Robert Cucchiarella**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Cucchiarella 4/8/2001 305 4581373

CR2E034 (10/00)