# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 06, 2000 8:00 am**
**Secretary of State**
03-06-2000 90009 024 ***150.00

DOCUMENT # P92000006649

1. Entity Name

TIDEKEY CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| % FRED K. LICKSTEIN, ESQ.<br>100 S.E. 2ND STREET, 17TH FLOOR<br>MIAMI FL 33131 | % FRED K. LICKSTEIN, ESQ.<br>100 S.E. 2ND STREET, 17TH FLOOR<br>MIAMI FL 33131-2158 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0469924 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

LICKSTEIN, FRED K ESQ.
100 S.E. 2ND STREET, 17TH FLOOR
MIAMI FL 33131

**7. Name and Address of New Registered Agent**

Name Misael Perez
Street Address (P.O. Box Number is Not Acceptable) 2400 SW 3 Avenue
City Miami FL Zip Code 33129

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 ✓ Misael Perez DATE 2/21/00
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, 2000 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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PTD<br>PUNCELES, CARLOS A<br>100 S.E. 2ND STREET, 17TH FLOOR<br>MIAMI FL 33131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>DE COSTA, ANTONIETA P<br>100 S.E. 2ND STREET, 17TH FLOOR<br>MIAMI FL 33131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DE BENEDETTI, JOSEFINA P<br>100 S.E. 2ND STREET, 17TH FLOOR<br>MIAMI FL 33131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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CR2E034 (9/99)

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:** ✓ Misael Perez REQUIRED 2/21/00 (305) 856-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #