

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90028 036 ***150.00

0006762 AT

DOCUMENT # P92000006649

1. Entity Name
TIDEKEY CORP.

Principal Place of Business
**2400 SW 3RD AVE
MIAMI FL 33129**

Mailing Address
**2400 SW 3RD AVE
MIAMI FL 33129**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2400 SW 3 Ave
Suite, Apt. #, etc.

3. Mailing Address
2400 SW 3 Ave
Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

4. FEI Number
65-0469924

Applied For
☐ Not Applicable

Zip
33129

Country
USA

Zip
33129

Country
USA

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

**PEREZ, MISAEI
2400 SW 3RD AVE
MIAMI FL 33129**

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

2400 SW 3 Ave

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
PUNCELES, CARLOS A
100 S.E. 2ND STREET, 17TH FLOOR
MIAMI FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DE COSTA, ANTONIETA P
100 S.E. 2ND STREET, 17TH FLOOR
MIAMI FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DE BENEDETTI, JOSEFINA P
100 S.E. 2ND STREET, 17TH FLOOR
MIAMI FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/02 (305) 856-7575

CR2E034 (9/01)