

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000067036

1. Entity Name

THE GREAT KEY WEST LIME JUICE AND PIE COMPANY, I

Principal Place of Business

3121 COMMODORE PLAZA
SUITE 301
MIAMI FL 33133

Mailing Address

3121 COMMODORE PLAZA
SUITE 301
MIAMI FL 33133-5846

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAFONTISEE, LOUIS L JR.
3121 COMMODORE PLAZA
SUITE 301
MIAMI FL 33133

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, 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 ☐ De/ete
NAME **P**
STREET ADDRESS **KENDAL JR., H. E.**
CITY-ST-ZIP **23500 S. DIXIE**
GOULDS FL

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **KENDALL JR, HE**
CITY-ST-ZIP **13000 SW 232 ST**
GOULDS FL 33170

TITLE ☐ De/ete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ De/ete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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NAME
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CITY-ST-ZIP

TITLE ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.16.00

Date

305.258.1628

Daytime Phone #

CR2E034 (9/99)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90073 046 ***150.00

041100



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** Applied For ☐ Not Applicable ☐

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