

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000075200

1. Entity Name

FARGO OF KEY WEST, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90096 006 ***150.00

Principal Place of Business

3739 CINDY AVENUE
KEY WEST FL 33040

Mailing Address

3739 CINDY AVENUE
KEY WEST FL 33040-4407

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0454021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AVANT, OMIS H
3739 CINDY AVENUE
KEY WEST FL 33040

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

Omish H. Avant

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

(NOTE: Registered Agent signature required when reinstating)

4/19/00

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

TITLE VP ☐ Delete

NAME SHAW, FRED
STREET ADDRESS BOX 2357, 45TH STREET
CITY-ST-ZIP KEY WEST FL 33040

TITLE VP ☐ Delete

NAME SANDS JR., ROOSEVELT
STREET ADDRESS 311 CROSS STREET
CITY-ST-ZIP KEY WEST FL

TITLE P ☐ Delete

NAME LOPEZ, GLENWOOD
STREET ADDRESS 396 BALIDO STREET
CITY-ST-ZIP KEY WEST FL 33040

TITLE S ☐ Delete

NAME HANCOCK, WILLIAM
STREET ADDRESS UNIT 13, 6529 MALONEY AVENUE
CITY-ST-ZIP KEY WEST FL

TITLE T ☐ Delete

NAME AVANT, OMIS
STREET ADDRESS 3739 CINDY AVENUE
CITY-ST-ZIP KEY WEST FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

Omish H. Avant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00
Date

305-296-8423
Daytime Phone #

CR2F034 (9/99)