## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) P94000074515 DOCUMENT #

1. Entity Name



**FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90331 002 \*\*\*150.00

MARKET OF KEY WEST, INC.								
105 WHITEHEAD 4 KEY WEST FL 33040 K			Mailing Address 423 FRONT ST 2ND FL KEY WEST FL 33040 US					
Principal Place of Business     3. Mailing Addre			ddress			1	IEBAN DIBUN DIA	<u> </u>
f, etc.	Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING	G CHANGE	:S
	City	City & State			4. FEI Number 65-0553650 Applied For Not Applicable			
Country Zip			Coun	itry	<b>5.</b> Ce	5. Certificate of Status Desired Status Desired Fee Required		
6. Name and Address of Curre	nt Register	ed Agent	· · · · · ·		7. Na	ame and Address of New Registered	<u>.</u>	
			tr is	Name				
LEVY, STEVE 2525 N. SR 7 STE 215				Street Address (F	P.O. Box	x Number is Not Acceptable)		
OD FL 33021						M		
*				City		FL	Zip C	ode
ons of registered agent.	··.					stating) DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				inin i arrini i sa	ora are	9. Election Campaign Financing	\$5	.00 May Be led to Fees
	ID DIRECTO	PRS	11.	,	ADD	DITIONS/CHANGES TO OFFICERS AN	DIRECTO	RS IN 11
PDS Gamal, URI 423 Front Street Key West Fl 33040		☐ Delete	NAM Stre	E . EET ADDRESS			☐ Chang	e
		☐ Delete	NAM STRE	E ET ADDRESS			☐ Chang	Addition
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	cof Business D 33040  ace of Business Letc.  Country  6. Name and Address of Curre  VE R 7 STE 215 DD FL 33021  The amed entity submits this statement ons of registered agent.  LE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.0  Payable to Florida Department  OFFICERS AN  PDS  GAMAL, URI  423 FRONT STREET	of Business D 423 I 33040 KEY US ace of Business 3. Ma f, etc. Suit  Country Zip  6. Name and Address of Current Registere VE R 7 STE 215 DD FL 33021  Anamed entity submits this statement for the purpons of registered agent.  Signature, typed or printed name of registered agent and title if any LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State  OFFICERS AND DIRECTO PDS GAMAL, URI 423 FRONT STREET	Mailing Address D A23 FRONT ST 2ND FL KEY WEST FL 33040 US  ace of Business J. Mailing Address Act of Current Registered Agent  City & State  Country Zip  G. Name and Address of Current Registered Agent  VE A 7 STE 215 DD FL 33021  Anamed entity submilts this statement for the purpose of changing its one of registered agent.  According to Provide Department of the purpose of Changing its one of registered agent.  According to Provide Department of State  OFFICERS AND DIRECTORS  PDS GAMAL, URI 423 FRONT STREET KEY WEST FL 33040  Delete	Againness Mailing Address 423 FRONT ST 2ND FL KEY WEST FL 33040 US  ace of Business 3. Mailing Address  ace of Business 4. Suite, Apt. #, etc.  City & State  Country Zip Country  VE  A 7 STE 215  DD FL 33021  Anamed entity submits this statement for the purpose of changing its registered agent.  All Superure, typeed or printed parms of registered agent and table if applicable. (NOTE Registered agent and table if applicable.)  A post of table if a post of table if applicable if applicab	Mailing Address D 423 FRONT ST 2ND FL KEY WEST FL 30040 US  acc of Business 3. Mailing Address 4. etc.  City & State  Country  Zip  Country  End Address of Current Registered Agent  VE R 7 STE 215 DD FL 33021  City  City  Street Address (i)  City  Annead entity submits this statement for the purpose of changing its registered office or register one of registered agent and stile if accilicable.  ENOW!! FEE IS \$150.00 Payable to Florida Department of State  OFFICERS AND DIRECTORS  PDS GAMAL, URI 423 FRONT STREET  STREET ADDRESS CITY-ST-ZIP  Delete  ITILE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete	In of Business Discovering the property of the purpose of changing its registered agent agreement for the purpose of changing its registered Agent agreement agent agreement for the purpose of changing its registered Agent agreement agent agreement for the purpose of changing its registered Agent agreement agent agreement for the purpose of changing its registered Agent agreement agent agreement for the purpose of changing its registered Agent agreement agent agreement for the purpose of changing its registered Agent agreement agent agent agreement agent agreement for the purpose of changing its registered Agent agreement agent agent agreement agent agent agreement agent agreement agent agreement agent agent agreement agent agent agent agent agreement agent a	Mailing Address  Age of Business  Age of Business  3. Meiling Address  4. FEI Number 65-0553650  Country Zp Country  Zp Country  Zp Country  S. Certificate of Status Desired  5. Name and Address of Current Registered Agent  Name and Address of New Registered  Name and Address of New Registered  Name and Address of New Registered Agent  City Street Address (P.O. Box Number is Not Acceptable)  City Ft  Street Address (P.O. Box Number is Not Acceptable)  City Ft  Name and Address of New Registered Agent or registered agent, or both, in the State of Florida. Lam most registered agent.  City Ft  Name and Address of New Registered Agent or Polity in the State of Florida. Lam most registered agent.  City Ft  Name and Address of New Registered Agent or Polity in the State of Florida. Lam most registered agent.  City Ft  Name and Address of New Registered Agent or Polity in the State of Florida. Lam most registered agent.  City Ft  Name and Address of New Registered Agent or Polity in the State of Florida. Lam most registered agent.  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Box Number of Polity i	A Mailing Address  2000  402 PRONT ST 2ND FL KEY WEST FL 3340 US  2000  402 State  2010  302 Address  403 Electroces  303 Mailing Address  404 Electroces  405 Electroces  405 Electroces  405 Electroces  406 Electroces  407 State  408 Electroces  408 Electroces  408 Electroces  409 Electroces  400 Electroces  400 Electroces  400 Electroces  400 Electroces  400 Electroces  400 Elec

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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

Daytime Phone #