2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 94 0000 77368

1. Entity Name

Key West Style Inc.

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90136 028 ***150.00

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
101 DUVAL ST		101 DUVAL ST	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State: Key West		City & State: Key West	
Zip: 33040	Country: MONROE	Zip: 33040	Country: MONROE

4. FEI Number: 65-0529384 ☐ Applied For ☐ Not Applicable

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**

Name: NISSIM BEN SHOEFF
Street Address (PO Box Number is Not Acceptable): 101 DUVAL ST
City: Key West FL Zip Code: 33040

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: N B Shoeff N. BEN SHOEFF 4/25/00
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) ☐

After MAY 1, 2000 Fee will be ... 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 / Name / Street Address / City-St-Zip	Delete
PSD NISSIM BEN SHOEFF	☐ Delete
V NEIL HAMUY	☒ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Title / Name / Street Address / City-St-Zip	Change	Addition
PSD NISSIM BEN SHOEFF 101 DUVAL ST Key West, FL 33040	☒ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ 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: N B Shoeff N. BEN SHOEFF 4/25/00 305-343-5073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #