

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000028928**1. Entity Name
CROSS KEY, INC.

Principal Place of Business

599 MORRIS LANE
MM 112.5 OVERSEAS HWY
KEY LARGO
33037

FL

US

Mailing Address

5005 STILLWATER TER
FT LAUD
33330

US

FL

2. Principal Place of Business

3. Mailing Address

612 S.E. 5TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE #1

City & State

City & State
FT. LAUDERDALE

FL

Zip

Country

Zip

Country

33330

US

4. FEI Number

65-0576867

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EVANS JAMES D
6520 SW 134 DRMIAMI
33156

FL

US

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

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

(NOTE: Registered Agent signature required when reinstating)

01/26/2001

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, 2001 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 TS ☐ Delete
NAME AMARO NICHOLAS
STREET ADDRESS 5005 STILLWATER TERRACE
CITY-ST-ZIP FT LAUD FL 33330TITLE VTS ☒ Change ☐ Addition
NAME AMARO NICHOLAS
STREET ADDRESS 612 S.E. 5TH AVENUE SUITE # 1
CITY-ST-ZIP FT. LAUDERDALE FL 33301TITLE VTS ☐ Delete
NAME EVANS MARILYN A
STREET ADDRESS 6520 SW 134TH DRIVE
CITY-ST-ZIP MIAMI FL 33156TITLE DV ☒ Change ☐ Addition
NAME EVANS MARILYN A
STREET ADDRESS 6520 SW 134TH DRIVE
CITY-ST-ZIP MIAMI FL 33156TITLE D ☐ Delete
NAME EVANS JAMES D
STREET ADDRESS 6520 SW 134 DRIVE
CITY-ST-ZIP MIAMI FL 33156TITLE DP ☒ Change ☐ Addition
NAME EVANS JAMES D
STREET ADDRESS 6520 SW 134 DRIVE
CITY-ST-ZIP MIAMI FL 33156TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Nicholas Amaro

VTS

01/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)