

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91719 032 ***150.00

DOCUMENT # P95000039600

1. Entity Name
KEY WEST APARTMENTS, INC.

Principal Place of Business
12614 CRESCENT OAKS PLACE
TAMPA FL 33612
US

Mailing Address
12614 CRESCENT OAKS PLACE
TAMPA FL 33612
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3318192

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KALYVAS, E.V.
680 76TH AVE.
ST. PETE BEACH FL 33706

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	KALYVAS, EFTHYMOS V	
STREET ADDRESS	680 76TH AVE.	
CITY-ST-ZIP	ST PETE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KALYVAS, MARTHA	
STREET ADDRESS	680 76TH AVE.	
CITY-ST-ZIP	ST PETE BCH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KALYVAS, JAMES	
STREET ADDRESS	680 76TH AVE	
CITY-ST-ZIP	ST PETE BCH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KALYVAS, BILL T	
STREET ADDRESS	680 76TH AVE.	
CITY-ST-ZIP	ST. PETE BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

James Kalyvas Sec ST-2002 713971-8678

CRE034 (9/01)