

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048678

1. Entity Name
KEY LUNETTES, INC.

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90523 039 ***150.00

Principal Place of Business

328 CRANDON BLVD.
203-204
KEY BISCAYNE FL 33149
US

Mailing Address

P.O. BOX 490987
KEY BISCAYNE FL 33149
US

814712



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7322 S.W 48th St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip Country

33155 USA

4. FEI Number **65-0590781**

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

LAMONT & NEIMAN, P.A.
SUITE 3550
TWO SOUTH BISCAYNE BLVD
MIAMI FL 33131

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, 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 ☐ Delete
NAME **DTP**
STREET ADDRESS **REGETURO, ROBERT C.**
CITY-ST-ZIP **328 CRANDON BLVD., SUITE 203-204**
KEY BISCAYNE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **AS**
STREET ADDRESS **PATRICIA BALDWIN**
CITY-ST-ZIP **328 CRANDON BLVD., SUITE 203-204**
KEY BISCAYNE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Pat Bale*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-01 740-3332

Date

Daytime Phone #

CR2E034 (10/00)