

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000076295

1. Entity Name

KEYSTONE CHARTERS, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90129 011 ***150.00

Principal Place of Business

Mailing Address

6760 W 5 PL
HIALEAH FL 33012

6760 W 5 PL
HIALEAH FL 33012-6619

2. Principal Place of Business

12904 BANYAN RD

3. Mailing Address

12904 BANYAN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N MIAMI FL

City & State

N MIAMI FL

4. FEI Number

65-0619747

Applied For

Not Applicable

Zip

33181

Country

USA

Zip

33181

Country

USA

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

GARCIA, ROSA
6760 W 5 PL
HIALEAH FL 33012

Name GARCIA ROSA

Street Address (P.O. Box Number is Not Acceptable)

12904 BANYAN RD

City

N MIAMI

FL

Zip Code

33181

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, 2000 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 D ☐ Delete
NAME GARCIA, ROSA
STREET ADDRESS 6760 W 5 PL
CITY-ST-ZIP HIALEAH FL 33012

TITLE GARCIA ROSA ☐ Change ☐ Addition
NAME 12904 BANYAN RD
STREET ADDRESS N MIAMI FL 33181
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 891-6513

CF 1 0/4 19/99