

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90004 042 ***150.00

DOCUMENT # P96000027703

1. Entity Name
MVP KEYS, INC.

Principal Place of Business
2070 N.W. 79 AVENUE
MIAMI FL 33126

Mailing Address
P.O. BOX 260610
PEMBROKE PINES FL 33026

2. Principal Place of Business
11899 W. RIDGEVIEW DR.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
DAVIE FL.
 Zip **33330** Country **BROWARD**

City & State
 Zip Country

4. FEI Number **65-0665135** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required


6. Name and Address of Current Registered Agent

MARRERO, ARTURO
2070 N.W. 79 AVENUE
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name **MARRERO ARTURO**
 Street Address (P.O. Box Number is Not Acceptable)
11899 W. RIDGEVIEW DR.
 City **DAVIE** FL Zip Code **33330**

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 **ARTURO MARRERO - PRESIDENT**  DATE **3-2-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS MARRERO, ARTURO 1189 W RIDGEVIEW DR. DAVIE FL 33330 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, VENACIO 260 PAIN DR. MIAMI SPRING FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA, PABLO R 392 LAGUNA AV. KEY LARGO FL 33037 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA VENANCIO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 260 PAYNE DR. MIAMI SPRING, FL. 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, PABLO R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 392 LAGUNA AV. KEY LARGO, FL. 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-02 954-915-0288
 Date Daytime Phone #

CR2E034 (9/01)