

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90061 042 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

661874

DOCUMENT # P96000030469
1. Entity Name
Florida Keys Food &
Beverage, Management Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1999 Overseas Hwy
State, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

City & State
Sugarloaf Key
Zip
FL

City & State
Country
Zip
33042

4. FEI Number
05-0655895
Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
- Daniels, Iris B.
Street Address (P.O. Box Number is Not Acceptable)
1999 Overseas Hwy
City
FL
Zip Code
33042

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]* DATE: 4/29/02
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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	<i>PS TO Daniels, Iris B 1999 Overseas Hwy FL 33042</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OR200348 (12/01)