## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 24, 2002 8:00 am Secretary of State P96000070083 DOCUMENT # 1. Entity Name 05-24-2002 90557 033 \*\*\*150 00 LAURAMAR OF KEY WEST, INC. Principal Place of Business Mailing Address 218 WHITEHEAD STREET 218 WHITEHEAD STREET KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0694708 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ALLISON, JOHN R III Street Address (P.O. Box Number is Not Acceptable) 100 S.E. SECOND STREET, SUITE 3350 MIAMI FL 33131 Zip Code Fl 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE. □ Delete TITLE ☐ Addition MARKUS, LAURA NAME NAME 218 WHITEHEAD ST STREET ADDRESS STREET ADDRESS KEY WEST FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition MARKUS, DONALD NAME NAME STREET ADDRESS 218 WHITEHEAD ST STREET ADDRESS KEY-WEST-FL-CITY-ST-ZIP-CITY-ST-ZIP-.... Delete TITLE ☐ Change ☐ Addition DEMCRAK, MICHAEL NAME NAME STREET ADDRESS 218 WHITEHEAD ST STREET ADDRESS CITY-ST-ZIP KEY WEST FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS 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

SIGNATURE: 4

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 receiper 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 changed, or on an attachine with an address with all other like empowered.

FILED