7/2/2002-90807-021

FILED
Jul 23, 2002 8:00 am
Secretary of State
07-02-2002 90807 021 ***550.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076740

1. Entity Name

KEY BUSINESS FINANCIAL SERVICES INC

DO NOT WRITE IN THIS SPACE

[redacted] 39209

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5768 NW 39TH AVE	5768 NW 39TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON FL	City & State: BOCA RATON FL
Zip: 33496 Country:	Zip: 33496 Country:

4. FEI Number: 650699434 — 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: JASON TREISMAN

Street Address (P.O. Box Number is Not Acceptable): 5768 NW 39TH AVE

City: BOCA RATON FL Zip Code: 33496

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: Jason Treisman (Signature of Officer or Director of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 6/28/02

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	JASON TREISMAN 5768 NW 39TH AVE BOCA RATON, FL 33496
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jason Treisman JASON TREISMAN 6/28/02 561 9978702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JASON TREISMAN IS PRES AND SEC/TREAS AND ONLY OFFICER AND DIRECTOR