## **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P96000094107** 1. Entity Name \*KEYSTONE REALTY-& INVESTMENTS, INC. 04-30-2001 90031 019 \*\*\*150 00 Principal Place of Business Mailing Address 800 W. CYPRESS CREEK ROAD 800 W. CYPRESS CREEK ROAD SUITE 590 SUITE 590 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 US 2. Principal Place of Business 3. Mailing Address O FAIRWAY DRIVE NW 6 ST DO NOT WRITE IN THIS SPACE 303 City & State City & State Applied For 4. FEI Number 65-0707652 RATON BOCA Not Applicable Zip 33486 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERNARDINE BERNARDINE, DON 800 W. CYPRESS CREEK ROAD SUITE 590-**EORT-LAUDERDALE FL 33309** SOCA RATON 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. DON BERNARDINE NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. 12. PST BERNARDINE, DON 1399 NW 65T TITLE ☐ Delete BERNARRDINE, DON NAME NAME CONTRACTOR OF THE STATE OF THE STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33486 CITY-ST-7IP **EODT-LAUDEROALE** T CITY-ST-ZIP TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ~ CITY - ST - ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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. | PRES

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR