2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P97000021062

1. Entity Name

C.A. OF KEY WEST INC.



FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90143 041 ***150.00

Principal Place 425 FRONT ST KEY WEST FL	TREET	,	425 FRONT	Mailing Address 425 FRONT STREET KEY WEST FL 33040								
2. Principal Pl	ace of Busin	ess	3. Mailing A	3. Mailing Address				;				
Suite, Apt.	#, etc.		Suite, Ap	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State)		City & Sta	City & State			4.	FEI Number 65-0733180	Applied For		<u> </u>	7
Zip	Zip Country			Zip Cour			5.	Certificate of Status Desired		8.75 Add	ditional	
	6. Name	and Address of Curren	t Registered Ag	ent			7.	Name and Address of New Re	gistered Ag	ent		1
						Name			۰			l
RODRIGUE 425 FRON	ez, carlo: T street	S					Street Address (P.O. Box Number is Not Acceptable)					
KEY WEST FL 33040								4				1
	•					City			FL	Zip Cod	е	1
8. The above	named entity	submits this statement f	for the purpose of	of changing its	registere	ed office or regis	stered ag	gent, or both, in the State of Flor	ida. I am fai	niliar with,	and accept	1
the obligati	ons of registe	ered agent.						- 1				
SIGNATURE _	Our	& Willes	4/					2/:	2)//3	>		
	Signature, typed o	or printed hame of registered ager	and title if applicable.	. (NOTE	: Registered	d Agent signature requ	uired when r	einstating)	6ATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Fina Trust Fund Contribution			0 May Be to Fees	
10.					11.		АГ	L ODITIONS/CHANGES TO OFFIC	CERS AND D	DIRECTOR	S IN 11	
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: