

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91305 004 ***150.00

DOCUMENT # P97000031087

1. Entity Name
WARREN LANE REALTY CORP.



Principal Place of Business
% KEY INTERNATIONAL GROUP, INC.
848 BRICKELL AVE., 10TH FLOOR
MIAMI FL 33131

Mailing Address
% KEY INTERNATIONAL GROUP, INC.
848 BRICKELL AVE., 10TH FLOOR
MIAMI FL 33131

2. Principal Place of Business
848 BRICKELL AVE.

3. Mailing Address
S/AMC

Suite, Apt. #, etc.
PENTHOUSE I

Suite, Apt. #, etc.

City & State
MIAMI

City & State

Zip
33131

Country

Zip

Country

4. FEI Number **65-0751272**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO & MORENO, P.A.
900 INGRAHAM BLDG.
25 SOUTHEAST 2ND AVE.
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ARDID, JOSE M**
STREET ADDRESS **848 BRICKELL AVE, SUITE 1000**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Delete
NAME **ARDID INIGO**
STREET ADDRESS **848 BRICKELL AVE PENTHOUSE I**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Delete
NAME **ARDID DIEGO**
STREET ADDRESS **848 BRICKELL AVE. PENTHOUSE I**
CITY-ST-ZIP **MIAMI FL. 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

12. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT **04/21/03** **(305) 3771601**
Date Daytime Phone #

CR2E034 (10/02)