

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P97000037535

1. Entity Name  
KEY WEST FLYER, INC.

FILED

01 JUL -5 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2601 S BAYSHORE DR #1600  
MIAMI FL 33133  
US

Mailing Address  
2601 S BAYSHORE DR #1600  
MIAMI FL 33133  
US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 65-0763277  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

OLLE, DENNIS J  
ADORNO & ZEDER P.A.  
2601 S BAYSHORE DR #1600  
MIAMI FL 33133

## 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.

SIGNATURE *Dennis J. Olle* DATE 7/2/01  
(NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	DPS HARPER, ALLEN C 1390 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLLE, DENNIS J 2601 S BAYSHORE DR #1600 MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004475628-8 -07/16/01--01005--004 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dennis J. Olle* DATE 7/2/01 (305) 860-7044  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)

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**ADORNO & ZEDER**  
A PROFESSIONAL ASSOCIATION

2601 SOUTH BAYSHORE DRIVE  
SUITE 1600  
MIAMI, FLORIDA 33133  
TELEPHONE (305) 858-5555  
FACSIMILE (305) 858-4777  
www.adorno.com

July 6, 2001

Mr. Tyrone Scott  
Florida Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

**KEY WEST FLYER, INC.**  
**2001 UNIFORM BUSINESS REPORTS**

Dear Mr. Scott:

Enclosed herein for refiling with the Florida Department of State is the original and fully executed 2001 Uniform Business Reports for the captioned company. The original filing was made on or about March 22, 2001. Please note that, according to your office, this filing was rejected because the Registered Agent had not signed. Mr. Olle has been the registered agent of this company since its inception; however, I had Mr. Olle sign this form to eliminate any further questions. Also enclosed is a corporate check in the amount of \$150, made payable to the Florida Department of State for the requisite filing fee.

Please acknowledge receipt of this filing by stamping the enclosed copy of this letter and return the same to me in the enclosed self-addressed, stamped envelope. If you have any questions, please call me at my direct number (305) 860-7362.

Sincerely,

  
Margaret O'D. Ryder  
Legal Assistant

Enclosures

cc: Loretta A. Murphy (w/enc)