

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90028 008 ***150.00

DOCUMENT # P97000071319

1. Entity Name
NEW DAWN KEY, INC.

Principal Place of Business

**520 BRICKELL KEY DRIVE
 SUITE 0-305
 MIAMI FL 33131**

Mailing Address

**520 BRICKELL KEY DRIVE
 SUITE 0-305
 MIAMI FL 33131**

2. Principal Place of Business

3006 AVIATION AVENUE

3. Mailing Address

3006 AVIATION AVE

Suite, Apt. #, etc.

SUITE 2A

Suite, Apt. #, etc.

SUITE 2A

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33133

Country

USA

Zip

33133

Country

USA

4. FEI Number **65-0851207**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HABER, ROBERT M
 520 BRICKELL KEY DRIVE
 SUITE 0-305
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Jack Kaplan

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

3006 AVIATION AVENUE

SUITE 2A

City **MIAMI**

FL

Zip Code

33133

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 **Jack Kaplan**

Robert Haber

3-12-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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	P	<input type="checkbox"/> Delete
NAME	KAPLAN, JACK O	
STREET ADDRESS	520 BRICKELL KEY DRIVE, #0-305	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	AVILA, EDUARDO	
STREET ADDRESS	520 BRICKELL KEY DRIVE, #0-305	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HABER, ROBERT M	
STREET ADDRESS	520 BRICKELL KEY DRIVE, #0-305	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Jack Kaplan**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-01

Date

305-857-0400

Daytime Phone #

CR2E034 (10/00)