

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90165 027 \*\*\*550.00

**DOCUMENT # P97000071319**

1. Entity Name

**NEW DAWN KEY, INC.**



Principal Place of Business

**3006 AVIATION AVENUE  
SUITE 2-A  
MIAMI FL 33133**

Mailing Address

**3006 AVIATION AVENUE  
SUITE 2-A  
MIAMI FL 33133**

2. Principal Place of Business

**2601 SOUTH BAYSHORE DR**

Suite, Apt. #, etc.

**Suite 200**

City & State

**COCONUT GROVE, FLORIDA**

Zip

**33133**

Country

**USA**

3. Mailing Address

**2601 SOUTH BAYSHORE DR**

Suite, Apt. #, etc.

**Suite 200**

City & State

**COCONUT GROVE, FLORIDA**

Zip

**33133**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

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

**JACK KUPLAN  
3006 AVIATION AVENUE  
SUITE 2-A  
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name

**JACK KAPLAN - C/O KEY REALTY**

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

**2601 SOUTH BAYSHORE DRIVE**

**Suite 200**

City

**COCONUT GROVE**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9-1-03**

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KAPLAN, JACK O</b>	
STREET ADDRESS	<b>520 BRICKELL KEY DRIVE, #0-305</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	

TITLE	<b>VPS</b>	<input type="checkbox"/> Delete
NAME	<b>AVILA, EDUARDO</b>	
STREET ADDRESS	<b>520 BRICKELL KEY DRIVE, #0-305</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	

TITLE	<b>AS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HABER, ROBERT M</b>	
STREET ADDRESS	<b>520 BRICKELL KEY DRIVE, #0-305</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	

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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAPLAN, JACK O</b>	
STREET ADDRESS	<b>2601 SOUTH BAYSHORE DRIVE</b>	
CITY-ST-ZIP	<b>SUITE 200 COCONUT GROVE, FLORIDA 33133</b>	

TITLE	<b>VPS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AVILA, EDUARDO</b>	
STREET ADDRESS	<b>2601 SOUTH BAYSHORE DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA 33133</b>	

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		

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:

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

**9/1/03**

**305-857-0400**

CP2E034 (4/03)