

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90491 018 ***150.00

DOCUMENT # P97000107087

1. Entity Name

OCEAN KEY REALTY, INC.

Principal Place of Business

**550 MAMARONECK AVENUE
HARRISON NY 10528**

Mailing Address

**C/O MICHAEL E. ROSEN
550 MAMARONECK AVENUE
HARRISON NY 10528**

2. Principal Place of Business

3. Mailing Address

2250 Avenida Del Vera

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N. Ft. Myers, Fla.

Zip

Country

Zip

Country

33917

4. FEI Number

58-2365467

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE SUITE 500E
WEST PALM BEACH FL 33401**

Name

Callahan, W. Scott Esquire

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

37 North Orange Avenue

Ste 200

City

Orlando

FL

Zip Code

32801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P ROSEN, MICHAEL E**
STREET ADDRESS **550 MAMORONECK AVE**
CITY-ST-ZIP **HARRISON NY 10528**

TITLE ☒ Change ☐ Addition
NAME **P Rosen, Michael E.**
STREET ADDRESS **2250 Avenida Del Vera**
CITY-ST-ZIP **N. Ft. Myers Fla. 33917**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V Clark, Dave**
STREET ADDRESS **2250 Avenida Del Vera**
CITY-ST-ZIP **N. Ft. Myers Fla. 33917**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V Cordello, Doug**
STREET ADDRESS **2250 Avenida Del Vera**
CITY-ST-ZIP **N. Ft. Myers Fla. 33917**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Doug Cordello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (941) 731-4538
Date Daytime Phone #

CR2E034 (9/01)