Apr 25 03 02:13p

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Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90073 026 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10091526

DOCUMENT # P98000054311

1. Entity Name
KEYSTONE REALTY ENTERPRISES, INC.

Principal Place of Business
14040 NW 6TH CT
NORTH MIAMI, FL 33168

Mailing Address
14040 NW 6TH CT
NORTH MIAMI, FL 33168

2. Principal Place of Business

Suite, Apt #, etc.

City & State

Zip | Country

3. Mailing Address
12438 N Biscayne Dr

Suite, Apt. #, etc.

City & State
North Miami

Zip 33181 | Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0844868 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

IGLESIAS, ORLANDO
2151 NE 124TH ST
NORTH MIAMI, FL 33181

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 ______ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P IGLESIAS, ORLANDO 2151 NE 124TH ST NORTH MIAMI, FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (11/02)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #