

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90364 032 ***150.00

DOCUMENT # **P98000064742**

1. Entity Name

PLANET OF KEY WEST, INC.

Principal Place of Business

Mailing Address

**130 DUVAL STREET
 KEY WEST, FL. 33040**

**130 DUVAL STREET
 KEY WEST, FL. 33040**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0852033

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

**PETER P. PARIS;
 4045 NW 16th STREET #111
 Fort Lauderdale, FL 33313**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

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

**After MAY 1, 2001 Fee will be \$550.00
 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 **D** **LEVY, Claude** ☐ Delete
 NAME
 STREET ADDRESS **2778 NW 31st AVENUE**
 CITY - ST - ZIP **FT. LAUDERDALE, FL**

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

TITLE **D** **JANA, Ralph** ☐ Delete
 NAME
 STREET ADDRESS **2778 N.W. 31st AVENUE**
 CITY - ST - ZIP **FT. LAUDERDALE, FL**

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

TITLE **D** **GREENBERG, Judith** ☐ Delete
 NAME
 STREET ADDRESS **2778 NW 31st AVENUE**
 CITY - ST - ZIP **FT. LAUDERDALE, FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph JANA

Date

4/30/01

Daytime Phone #

(954) 731-7215

CR2E034 (11/00)