

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

0070442

DOCUMENT # P98000098528

1. Entity Name

KEY MACHINES CORP.

02-14-2001 90001 029 ***150.00

Principal Place of Business

Mailing Address

~~11851 HIGH TECH AVE~~
~~ORLANDO FL 32817~~

~~11851 HIGH TECH AVE~~
~~ORLANDO FL 32817~~

2. Principal Place of Business

3. Mailing Address

713 S. KIRKMAN RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL

ORLANDO, FL

Zip

Country

Zip

Country

32811

USA

32811

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERTIN, HERNAN
11851 HIGH TECH AVE
ORLANDO FL 32817

Name **Jonice Guillen**

Street Address (P.O. Box Number is Not Acceptable)
713 S. KIRKMAN RD.

0

City **ORLANDO**

FL

Zip Code **32811**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **BERTIN, HERNAN**
 STREET ADDRESS **11851 HIGH TECH AVE**
 CITY-ST-ZIP **ORLANDO FL 32817**

TITLE ☐ Change ☐ Addition
 NAME **VICE PRESIDENT**
 STREET ADDRESS **713 S. KIRKMAN RD.**
 CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE ☐ Delete
 NAME **PRESIDENT**
 STREET ADDRESS **DANIEL R. GUILLEN**
 CITY-ST-ZIP **713 S. KIRKMAN RD.**
ORLANDO, FL 32811

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01 (407) 294-2010
 Daytime Phone #

CR2E034 (10/00)