

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011897

1. Entity Name

KEY WEST GYPSY, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90012 009 \*\*\*150.00

Principal Place of Business

Mailing Address

221 W. HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009

221 W. HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009-5441

2. Principal Place of Business

1842 HARRISON ST

3. Mailing Address

1842 HARRISON ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

4. FEI Number

650 915 956

Applied For

Not Applicable

Zip

Country

33020

USA

Zip

Country

33020

USA

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

ARON, TONY  
221 W. HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009

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 reinstating)

DATE

TONY ARON President 4/13/00

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, 2000 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 P ☐ Delete  
NAME ARON, TONY  
STREET ADDRESS 221 W. HALLANDALE BEACH BLVD.  
CITY-ST-ZIP HALLANDALE FL 33009

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

TITLE VP ☐ Delete  
NAME ROSENBERG, IZHAK  
STREET ADDRESS 221 W. HALLANDALE BEACH BLVD.  
CITY-ST-ZIP HALLANDALE FL 33009

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:

TONY ARON President

Date

Daytime Phone #

4-13/00 954 929-3752

CR2E034 (9/99)