

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90138 007 ***550.00

DOCUMENT # P99000014784

1. Entity Name
PROSPERO PROPERTIES, INC.

Principal Place of Business

**1433 REYNOLDS STREET
 KEY WEST FL 33040**

Mailing Address

**1433 REYNOLDS STREET
 KEY WEST FL 33040**

2. Principal Place of Business

**NINE ISLAND AVE, UNIT 1201
 Suite, Apt. #, etc. 1201**

3. Mailing Address

**1201
 Suite, Apt. #, etc.**

City & State

MIAMI BEACH, FL.

City & State

MIAMI BEACH, FL.

Zip

33139

Country

USA

Zip

33139

Country

USA

4. FEI Number

65-0924015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MAUNSBACH, KAY
 1433 REYNOLDS STREET
 KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name **KAY MAUNSBACH**
 Street Address (P.O. Box Number is Not Acceptable)
**9 ISLAND AVE.
 UNIT 1201**
 City **MIAMI BEACH FL** Zip Code **33139**

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 **Kay Maunsbach**

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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

TITLE **P**
 NAME **MAUNSBACH, KAY**
 STREET ADDRESS **1433 REYNOLDS STREET**
 CITY-ST-ZIP **KEY WEST FL 33040**

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 CITY-ST-ZIP

☐ Change

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 CITY-ST-ZIP

☐ Change

☐ Addition

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: **KAY MAUNSBACH**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)