

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016453

i. Entity Name

KEY INTERNATIONAL MANAGEMENT CORP.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90359 005 ***150.00

Principal Place of Business

Mailing Address

INGRAHAM BUILDING
SOUTHEAST 2ND AVE.
FL 33131

900 INGRAHAM BUILDING
25 SOUTHEAST 2ND AVE.
MIAMI FL 33131-1506

00010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

848 Brickell Avenue

3. Mailing Address

848 Brickell Avenue

Suite, Apt. #, etc.

Suite 1000

Suite, Apt. #, etc.

Suite 1000

City & State

Miami, FL.

City & State

Miami, Florida

4. FEI Number

65-0899854

Applied For

Not Applicable

Zip

33131

Country

Dade

Zip

33131

Country

Dade

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO & MORENO, P.A.
900 INGRAHAM BUILDING
25 SOUTHEAST 2ND AVE.
MIAMI FL 33131

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.

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, 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

TITLE	Director/President	<input type="checkbox"/> Delete
NAME	Gonzalo Munoz	
STREET ADDRESS	848 Brickell Avenue, Suite 1000	
CITY-ST-ZIP	Miami, FL, 33131	
TITLE	Director/Vice President	<input type="checkbox"/> Delete
NAME	Jose Ardid	
STREET ADDRESS	848 Brickell Avenue, Suite 1000	
CITY-ST-ZIP	Miami, FL, 33131	
TITLE	Director/Vice President	<input type="checkbox"/> Delete
NAME	Miguel Ardid	
STREET ADDRESS	848 Brickell Avenue, Suite 1000	
CITY-ST-ZIP	Miami, FL, 33131	
TITLE	Assistant Secretary	<input type="checkbox"/> Delete
NAME	Inigo Ardid	
STREET ADDRESS	848 Brickell Avenue, Suite 1000	
CITY-ST-ZIP	Miami, FL, 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jose Ardid Director V/P 02/01/2000 (305)3771001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)