

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90138 010 ***150.00

DOCUMENT # P99000039428

1. Entity Name
LAND KEY PROPERTIES, INC.



Principal Place of Business
**170 OCEAN LANE DRIVE
UNIT #504
KEY BISCAYNE FL**

Mailing Address
**170 OCEAN LANE DRIVE
UNIT #504
KEY BISCAYNE FL**



2. Principal Place of Business

217 Buttonwood Dr

3. Mailing Address

217 Buttonwood Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key Biscayne

City & State

Key Biscayne

Zip

33149

Country

Zip

33149

Country

4. FEI Number

52-2319959

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MCCAUGHAN, WILLIAM P
80 SW 8TH STREET
SUITE 2803
MIAMI FL 33130**

**200 South Biscayne
Suite 3400
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ESTEVEZ, HECTOR**
STREET ADDRESS **170 OCEAN LANE DRIVE #504**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **VSD** ☐ Delete
NAME **ESTEVEZ, ILSE**
STREET ADDRESS **170 OCEAN LANE DRIVE #504**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **217 Buttonwood Drive**
CITY-ST-ZIP **Key Biscayne FL 33149**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS **217 Buttonwood Drive**
CITY-ST-ZIP **Key Biscayne FL 33149**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)