FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## May 01, 2001 8:00 am DOCUMENT # P99000082464-1 Secretary of State KEY CONSTRUCTION, INC. 05-01-2001 90044 049 \*\*\*150.00 Principal Place of Business Mailing Address 1455 ISABEL ESTE RD. P.O. BOX 1452 **BOCA RATON FL 33486 BOCA RATON FL 33429** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0948648 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUMMEL, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 3841 NE 24TH AVE LIGHTHOUSE PT. FL 33064 Zip Code City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE Delete TITLE ☐ Change Addition CAVOSSA, BRUCE NAME NAME 23181 FOUNTAINVIEW RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** TITLE ☐ Delete TITLE ☐ Addition HUMMEL, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 1452 CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33429** TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP blied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if address, with all other like empowered. 13. I hereby certify that the information su indicated on this report or suppleme of the corporation or the receiver or changed, or on an attachment with

JOSANA HUMME ( )

President