

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000085586**

1. Entity Name

KEYAM FINANCIAL GROUP, INC.**FILED**
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90003 017 ***550.00

Principal Place of Business

4791 VIA PALM LAKES
SUITE 1703
WEST PALM BEACH FL 33417

Mailing Address

4791 VIA PALM LAKES
SUITE 1703
WEST PALM BEACH FL 33417

2. Principal Place of Business

612 Olive Tree Circle

Suite, Apt. #, etc.

3. Mailing Address

612 Olive Tree Circle

Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

City & State

West Palm Beach, Florida

Zip

33413

Country

US

Zip

33413

Country

US

4. FEI Number

65-0953746

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent

Name Jennifer R. Haddix

Street Address (P.O. Box Number is Not Acceptable)

612 Olive Tree Circle

City West Palm Beach

FL

Zip Code

33413

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

Jennifer R. Haddix

JENNIFER R. HADDIX, SECRETARY

9/6/00

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, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME SHMUCKLER, HOWARD R ☐ Delete
STREET ADDRESS 4791 VIA PALM LAKES
CITY-ST-ZIP WEST PALM BEACH FL 33417TITLE STD
NAME DAVIS, ROBERT E ☐ Delete
STREET ADDRESS 4791 VIA PALM LAKES
CITY-ST-ZIP WEST PALM BEACH FL 33417TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Shmuckler, Howard R.
STREET ADDRESS 612 Olive Tree Circle
CITY-ST-ZIP West Palm Beach, FL 33413TITLE STD ☒ Change ☐ Addition
NAME DAVIS, Robert E
STREET ADDRESS 612 Olive Tree Circle
CITY-ST-ZIP West Palm Beach, FL 33413TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert E Davis 9/11/00 561-968-9880

B0105433



DO NOT WRITE IN THIS SPACE