

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90071 024 ***150.00

DOCUMENT # P99000086950

1. Entity Name

KEY U.S.A., INC.

Principal Place of Business

Mailing Address

~~200 SOUTH DISCAYNE BOULEVARD~~
~~SUITE 4815~~
~~MIAMI FL 33131~~

~~200 SOUTH DISCAYNE BOULEVARD~~
~~SUITE 4815~~
~~MIAMI FL 33131~~

2. Principal Place of Business

1548 BRICKELL AVE.

Suite, Apt. #, etc.

3. Mailing Address

1548 BRICKELL AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33129-1210

Country

USA

Zip

33129-1210

Country

USA

4. FEI Number

65-0951178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALUSSOLIA, PIERO
~~200 SOUTH DISCAYNE BOULEVARD~~
~~SUITE 4815~~
~~MIAMI FL 33131~~

Name

SALUSSOLIA, PIERO

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

1548 BRICKELL AVE.

City **MIAMI**

FL

Zip Code

33129-1210

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

PIERO SALUSSOLIA

04/24/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	NAVARRO, ALDO	
STREET ADDRESS	VIA DEL CASALE AVENALI 60	
CITY-ST-ZIP	00135 ROMA, ITALY	
TITLE	V	<input type="checkbox"/> Delete
NAME	NAVARRO, MASSIMO	
STREET ADDRESS	VIA DEL CASALE AVENALI 60	
CITY-ST-ZIP	00135 ROMA, ITALY	
TITLE	T	<input type="checkbox"/> Delete
NAME	NAVARRO, MARCO	
STREET ADDRESS	VIA DEL CASALE AVENALI 60	
CITY-ST-ZIP	00135 ROMA, ITALY	
TITLE	S	<input type="checkbox"/> Delete
NAME	NAVARRO, MOISE	
STREET ADDRESS	VIA DEL CASALE AVENALI 60	
CITY-ST-ZIP	00135 ROMA, ITALY	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FUENTES, CARMEN	
STREET ADDRESS	200 S. DISCAYNE BLVD., STE 4815	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCA, MARCELIA	
STREET ADDRESS	1548 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI, FL 33129-1210	
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:

Marcella Manca **MARCELLA MANCA**

04/27/01 305 373-7016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)