

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90573 028 ***150.00

0285670 AV

DOCUMENT # P99000088063

1. Entity Name

KWIK KEY OF SOUTH FLORIDA, INC.

Principal Place of Business

**260 NE 183 ST.
MIAMI FL 33179**

Mailing Address

**260 NE 183 ST.
MIAMI FL 33179**

2. Principal Place of Business

616 NW 167 ST.

3. Mailing Address

SAME

Suite, Apt. #, etc.

NONE

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL.

Zip

33169

Country

DADE

Zip

33169

Country

DADE

4. FEI Number

65-0973296

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VALENZANO, JOSEPH
260 NE 183 ST.
MIAMI FL 33179**

7. Name and Address of New Registered Agent

Name

LESTER CHIN

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

616 NW 167 STREET

City

MIAMI FL.

33169

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

Lester Chin

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

(NOTE: Registered Agent signature required when circulating)

3-28-02

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, 2002 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 **PD** ☒ Delete
NAME **VALENZANO, JOSEPH**
STREET ADDRESS **616 N.W. 167TH STREET**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **STD** ☒ Delete
NAME **COOK, RONALD**
STREET ADDRESS **616 N.W. 167TH STREET**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **P.D.** ☐ Delete
NAME **LESTER CHIN**
STREET ADDRESS **616 NW 167 ST**
CITY-ST-ZIP **MIAMI FL. 33169** ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **P.D.** ☒ Change ☐ Addition
NAME **LESTER CHIN**
STREET ADDRESS **616 NW 167 ST.**
CITY-ST-ZIP **MIAMI FL. 33169** ☐ Change ☐ Addition

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

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

TITLE ☐ 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:

Lester Chin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-02

Date

**305
770-2490**

Daytime Phone #

CR2E034 (9/01)