

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

0221922 AV

DOCUMENT # P99000105368

1. Entity Name

WHISTLE KEY INVESTMENTS OF FLORIDA, INC.



Principal Place of Business

**601 BRICKELL KEY DRIVE
SUITE 802
MIAMI FL 33131**

Mailing Address

**601 BRICKELL KEY DRIVE
SUITE 802
MIAMI FL 33131**



Principal Place of Business

601 Brickell Key Drive

Mailing Address

601 Brickell Key Drive

Suite, Apt. #, etc.

STE-802

Suite, Apt. #, etc.

STE-802

City & State

Miami

City & State

Miami, FL

Zip

FL

Country

33131

Zip

33131

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0976818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VAZQUEZ, GERARDO A ESQ.
601 BRICKELL KEY DRIVE
SUITE 802
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PRADO, JUAN V**
STREET ADDRESS **601 BRICKELL DR. STE.802**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **S VARGAS** ☐ Delete
NAME **VARGAS, GERARDO A**
STREET ADDRESS **601 BRICKELL DR. STE. 502**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 GERARDO A VARGAS

4/30/03

305-371-8064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E03 (10/02)