

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

09-05-2001 90029 025 \*\*\*550.00

0054875 AV

**DOCUMENT # P99000106617**

1. Entity Name  
**KEY WEST DINER, INC.**

Principal Place of Business  
**8925 S.W. 148TH STREET**  
**SUITE 218**  
**MIAMI FL 33175**

Mailing Address  
**8925 S.W. 148TH STREET**  
**SUITE 218**  
**MIAMI FL 33175**

2. Principal Place of Business

**3326 Mary St.**

Suite, Apt. #, etc.  
**302**

City & State  
**Coconut Grove, FL**

Zip  
**33133-1900**

Country  
**USA**

3. Mailing Address

**3326 Mary St.**

Suite, Apt. #, etc.  
**302**

City & State  
**Coconut Grove, FL**

Zip  
**33133-1900**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0961934**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SKRLD, INC.**  
**201 ALHAMBRA CIRCLE**  
**SUITE 1102**  
**CORAL GABLES FL 33134**

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.

SIGNATURE

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 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD LEWIS, THOMAS E 8925 S.W. 148TH STREET SUITE 219 MIAMI FL 33175</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD JARRETT, SANDRA 8925 S.W. 148TH STREET SUITE 219 MIAMI FL 33175</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3326 Mary St., Ste. 302 Coconut Grove, FL 33133-1900</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3326 Mary St., Ste. 302 Coconut Grove, FL 33133-1900</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

**Thomas E. Lewis 8/2/01 305-448-4124**

Date Daytime Phone #

CR2E034 (5/01)