

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90040 019 \*\*\*150.00

**DOCUMENT #** S60799

**1. Entity Name**

ALL FLORIDA KEYS PROPERTY MANAGEMENT, INC.



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

3399 NORTHWEST 72ND AVE.

Suite, Apt. #, etc.

SUITE 206

City & State

MIAMI, FL

Zip  
33122

Country  
US

**3. Mailing Address**

3399 NORTHWEST 72nd AVE.

Suite, Apt. #, etc.

SUITE 206

City & State

MIAMI, FL

Zip  
33122

Country  
US

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name  
JOHN T. PRAHL

Street Address (P.O. Box Number is Not Acceptable)  
2801 PONCE DE LEON BLVD.

SUITE 1155

City  
CORAL GABLES

FL

Zip Code  
33134

**DO NOT WRITE  
IN THIS SPACE**

**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

*John T. Prahl*

(NOTE: Registered Agent signature required when reinstating)

*3/16/05*

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
JUAN FERNANDEZ  
3399 N.W. 72nd AVE. - SUITE 206  
MIAMI, FL 33122

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

**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 on an attachment with an address, with another like empowered**

SIGNATURE: *Juan Fernandez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN FERNANDEZ  
PRESIDENT

3/10/05

Date

305-597-4322

Daytime Phone #

CR2E034B (12/02)