

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V51764**

1. Entity Name  
**W/L KEY CORP.**



FILED

03 FEB 28 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**3250 MARY STREET  
5TH FLOOR  
MIAMI FL 33133**

Mailing Address  
**3250 MARY STREET  
5TH FLOOR  
MIAMI FL 33133**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0353176**

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

**WEISER, SHERWOOD M.  
3250 MARY STREET  
SUITE 501  
COCONUT GROVE FL 33133**

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	DC	<input type="checkbox"/> Delete
NAME	WEISER, SHERWOOD M.	
STREET ADDRESS	3250 MARY STREET SUITE 500	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	WEISER, JUDITH	
STREET ADDRESS	3250 MARY STREET SUITE 500	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DPAS	<input type="checkbox"/> Delete
NAME	LEFTON, DONALD E.	
STREET ADDRESS	3250 MARY STREET, STE 500	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, ROBYN C	
STREET ADDRESS	3250 MARY STREET	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	TEMLING, W. PETER	
STREET ADDRESS	3250 MARY ST., STE 500	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	HEWITT, THOMAS F.	
STREET ADDRESS	3250 MARY ST., STE 500	
CITY-ST-ZIP	MIAMI FL 33133	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	02/28/03--01064--001	**150.00
STREET ADDRESS	600013275476	
CITY-ST-ZIP	02/28/03--01064--001	**150.00
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		

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/03

Date

305-445-4232

Daytime Phone #

CR2E034 (10/02)