

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

KEY BISCAYNE HIDEAWAY INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

1. FERNANDO RODRIGUEZ
1111 CRANDON BOULEVARD

Suite, Apt. #, etc.

APT-A-407

City & State

KEY BISCAYNE, FL

Zip

33149

Country

DADE

3. Mailing Address

1. FERNANDO RODRIGUEZ
1111 CRANDON BOULEVARD

Suite, Apt. #, etc.

APT A-407

City & State

KEY BISCAYNE, FL

Zip

33149

Country

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

FERNANDO RODRIGUEZ

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

1111 CRANDON BOULEVARD APT A-407

City

KEY BISCAYNE

FL

Zip Code

33149

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

Fernando Rodriguez Director

5/19/2000

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 \$150.00

After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, FERNANDO
STREET ADDRESS	1111 CRANDON BOULEVARD APT A-407
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
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	

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:

Fernando Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/2000

Date

305-594-4300 EXT 1135

305-361-5062

Daytime Phone #

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90445 028 ***150.00

00059608

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0388390

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

CR2E034 (9/99)