

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90035 026 \*\*\*150.00

UBR 4 A1

**DOCUMENT # F01000000188**  
 1. Entity Name  
**KEW REALTY CORPORATION**

Principal Place of Business      Mailing Address  
**1001 SOUTH MONACO PARKWAY, SUITE 310**      **1001 SOUTH MONACO PARKWAY, SUITE 310**  
**DENVER CO 80224**      **DENVER CO 80224**

*Handwritten signature*



2. Principal Place of Business      3. Mailing Address  
**720 South Colorado Boulevard**      **720 South Colorado Boulevard**  
 \* Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 740s**      **Suite 740s**  
 City & State      City & State  
**Denver, Colorado**      **Denver, Colorado**

DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**84-1564075**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORPDIRECT AGENTS**  
**103 NORTH MERIDIAN STREET, LOWER LEVEL**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)      **XX**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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  
 **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>SPIRA, DAVID</b> <b>1001 SOUTH MONACO PARKWAY, SUITE 310</b> <b>DENVER CO 80224</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
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>PD</b> <b>SPIRA, DAVID</b> <b>720 SOUTH COLORADO BOULEVARD, SUITE 740s</b> <b>DENVER, COLORADO 80246</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>PRICE, SHIRLEYAN</b> <b>720 SOUTH COLORADO BOULEVARD, SUITE 740s</b> <b>DENVER, COLORADO 80246</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOLDEN, HEATHER</b> <b>720 SOUTH COLORADO BOULEVARD, SUITE 740s</b> <b>DENVER, COLORADO 80246</b>	<input type="checkbox"/> Change <input checked="" 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

CFR2E034 (9/01)

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 another like empowered.

SIGNATURE: *David Spira*      **SIGNATURE REQUIRED**      **David Spira, Pres.**      1/16/02      303-329-8100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #