

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0144622 AV

**DOCUMENT # K31451**

1. Entity Name

**BETTE'S PLACE, INC.**

04-01-2002 90013 019 \*\*\*150.00

Principal Place of Business

~~2415 N OCEAN DR~~ **326 NEBRASKA ST.**  
HOLLYWOOD FL 33019

Mailing Address

~~2415 N OCEAN DR~~ **326 NEBRASKA ST.**  
HOLLYWOOD FL 33019



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**326 NEBRASKA ST**

Suite, Apt. #, etc.

3. Mailing Address

**326 NEBRASKA ST.**

Suite, Apt. #, etc.

City & State

**HOLLYWOOD FL**

Zip

**33019**

Country

**USA**

City & State

**HOLLYWOOD FL**

Zip

**33019**

Country

**USA**

4. FEI Number

**65-0073273**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GRENIER, DENISE**

~~2415 N OCEAN DR~~

**HOLLYWOOD FL 33019**

7. Name and Address of New Registered Agent

Name

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

**326 NEBRASKA ST**

City

**HOLLYWOOD**

**FL**

Zip Code

**33019**

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 \$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

11. OFFICERS AND DIRECTORS

TITLE	<b>PDT</b>	<input type="checkbox"/> Delete
NAME	<b>GRENIER, GILLES</b>	
STREET ADDRESS	<b>326 NEBRASKA ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>GRENIER, DENISE</b>	
STREET ADDRESS	<b>326 NEBRASKA ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>GRENIER, ELIZABETH</b>	
STREET ADDRESS	<b>326 NEBRASKA ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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: Denise Grenier DENISE GRENIER 3/19/02 954 981-8556**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)