2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K31451 **DOCUMENT #**

1. Entity Name

BETTE'S PLACE, INC.



Apr 28, 2003 8:00 am Secretary of State
04-28-2003 91369 021 ***150.00 **FILED**

Principal Place of Business 326 NEBRASKA ST HOLLYWOOD FL 33019		Mailing Address 326 Nebraska ST HOLLYWOOD FL 33019				
2. Principal Place of Business		3. Mailing Address 1908 N. 42 AVE		\$ 100 10111 008 11101 1101 01001 01101 110	(1 818)) 818)) 818)) 818)) 818)) 818)) 188)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☑ CHECK HERE IF MAKING CHANGES		
City & State		City & State HOLLYWOOD FL		4. FEI Number 65-0073273	Applied For Not Applicable	
Zip	Country	330 2.	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curren	nt Registered Agent	Nome	7. Name and Address of New Regis	stered Agent	
GRENIER,	DENISE		-11di16	Name		
326 NEBR			Street Address	s (P.O. Box Number is Not Acceptable)		
	OD FL 33019		1	US W. TA AVE		
	12 33013		City	ollywood	FL Zip Code 3300/	
	named entity submits this statement ions of registered agent.	for the purpose of changing its :		ered agent, or both, in the State of Florida		
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent signature require	red when reinstating)	DATE	
After	ILE NÓW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department			Election Campaign Financ Trust Fund Contribution.	ing \$5.00 May Be Added to Fees	
10.	OFFICERS ANI	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 11	
NAME STREET ADDRESS	PDT GRENIER, GILLES 326 NEBRASKA ST	☐ Deleta	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition (
CITY-ST-ZIP TITLE	HOLLYWOOD FL SD	□ Delete	CITY-ST-ZIP TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	Grenier, denise 326 Nebraska St Hollywood Fl		NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME	VD Grenier, Elizabeth	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	326 NEBRASKA ST HOLLYWOOD FL		STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	

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: