2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L78651 1. Entity Name 506 GREENE STREET CORPORATION					FILED Jan 27, 2000 8:00 am Secretary of State	
Principal Place	e of Business	Mailing Address			01-27-2000 90176 034 ***158.75	
209 DUVAL ST. Key west fl 3		209 DUVAL ST. Key West FL 33040-6507			AAQ2AT	
2. Principal P	lace of Business	3. Mailing Address				
Suite, Apt. #, etc.		201 Duva1 St.			DO NOT WRITE IN THIS SPACE	
City & State	e	City & State Key West, F	· 1		4. FEI Number 65-0244323 Applied For Not Applicab	le
Zip	Country	^{Zip} 33040	Count USA	ry	5. Certificate of Status Desired	
	6. Name and Address of Current F	legistered Agent			7. Name and Address of New Registered Agent	
HALPERN, MICHAEL 209 DUVAL STREET KEY WEST FL 33040			Street Address	dney C. Snelgrove ss (P.O. Box Number is Not Acceptable) 1 Duval St.	_	
			Ī	City Key	y West FL 33040	
	named entity submits this statement for	the purpose of changing its	2	d office or registe	stered agent, or both, in the State of Florida. $1 - 2c - 0c$	
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable (NOTE		Agent signature require		
Tax filing r	pration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!! 	0 Fee v	vill'be \$550:00		
11.	OFFICERS AND I		12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	\square
TITLE NAME STREET ADDRESS	PST HALPERN, MICHAEL 209 DUVAL ST.	X Delete		TADDRESS	cesident / Director ^{Change} Addition Idney C. snelgrove 11 Duval St., Key West, Fl 33040	
CITY-ST-ZIP TITLE NAME	<u>key west fl</u> D Halpern, Michael	X Delete	TITLE NAME	Vid	.ce President/Director	
STREET ADDRESS	209 DUVAL ST. KEY WEST FL	,	STREE	TADDRESS	ohn Mayer)1 Duval St., Key West, Fl 33040	
TITLE NAME		Delete	TITLE		reasurer / Director Change 🗍 Addition Athleen E. Marshall	JN
STREET ADDRESS CITY-ST-ZIP)1 Duval St., Key West, Fl 33040	
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREE	Sec	ecretary Additional Additiona	n
CITY - ST - ZIP			_		01 Duval St., Key West, Fl 33040	
TITLE NAME STREET ADDRESS			NAME		Change Additio	n
CITY-ST-ZIP	- 1 .	,	TITLE		Change 🗌 Additio	an
NAME STREET ADDRESS CITY-ST-ZIP		The Constant of the second s		ET ADDRESS ST-ZIP	• •	
indicated	on this report or supplemental report is	true and accurate and that me wered to execute this report a	w signat	ure shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 i	r I
SIGNAT		BE REQUIR	ED		1-20-00 305 344238	8