

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90061 023 ***150.00

DOCUMENT # P01000073896

1. Entity Name
GOLD KEY MORTGAGE CORPORATION

Principal Place of Business

~~1730 WEST 49TH STREET~~
~~SUITE 112~~
~~MIAMI FL 33012~~

Mailing Address

~~1700 WEST 49TH STREET~~
~~SUITE 112~~
~~MIAMI FL 33012~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1800 WEST 49TH STREET
 Suite, Apt. #, etc.
SUITE 332
 City & State
MIAMI - FL 33012

3. Mailing Address

1800 WEST 49TH STREET
 Suite, Apt. #, etc.
SUITE 332
 City & State
MIAMI - FL 33012

4. FEI Number

65-1127417

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROQUE, RENE J

~~13125 S.W. 107TH STREET~~ **9120 NW 162 TERRACE**
~~MIAMI FL 33012~~ **MIAMI LAKES, FL 33018**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **ROQUE, REN**
STREET ADDRESS **13125 S.W. 107TH STREET**
CITY-ST-ZIP **MIAMI FL 33012**

TITLE **PD** ☒ Change ☐ Addition
NAME **ROQUE, RENE**
STREET ADDRESS **9120 NW 162 TERRACE**
CITY-ST-ZIP **MIAMI - LAKES, FL 33018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RENE J. ROQUE

Date

1/15/02

Daytime Phone #

(305) 512-4000

CR2E034 (9/01)