

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90322 016 \*\*\*150.00

**DOCUMENT # P95000029133**

1. Entity Name

**GOLD KEY GROUP, INC.**

Principal Place of Business

**1650 SOUTHEAST 17TH STREET  
SUITE 202  
FORT LAUDERDALE FL 33316**

Mailing Address

**1650 SOUTHEAST 17TH STREET  
SUITE 202  
FORT LAUDERDALE FL 33316**

2. Principal Place of Business

**400 S.E. 12th Street**

Suite, Apt. #, etc.

**Suite "C"**

City & State

**Ft. Lauderdale, FL**

Zip

**33316**

Country

**USA**

3. Mailing Address

**400 S.E. 12th Street**

Suite, Apt. #, etc.

**Suite "C"**

City & State

**Ft. Lauderdale, FL**

Zip

**33316**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0571326**

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

**EDWARDS, CHARLES  
1650 SOUTHEAST 17TH STREET  
SUITE 202  
FORT LAUDERDALE FL 33316**

Name

**Charles Edwards**

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

**400 S.E. 12th St.**

**Suite "C"**

City

**Ft. Lauderdale**

**FL**

Zip Code

**33316**

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

*Charles Edwards*

**Charles Edwards**

(NOTE: Registered Agent signature required when reinstating)

*4/24/01*

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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EDWARDS, CHARLES</b>	
STREET ADDRESS	<b>5401 NORTHEAST 18TH AVENUE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33312</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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Edwards, Charles</b>
STREET ADDRESS	<b>521 S.E. 9th Avenue</b>
CITY-ST-ZIP	<b>Pompano Beach, FL 33060</b>
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
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:**

*Charles Edwards*

**Charles Edwards**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/01*

DATE

**954-764-7775**

Daytime Phone #

CR2E034 (10/00)