

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90002 019 ***150.00

DOCUMENT # ~~98000039146~~

1. Entity Name

GREEN KEY MOTEL, INC.

Principal Place of Business

Mailing Address

**1903 THOMAS STREET
HOLLYWOOD, FL 33020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

C/O 1222 N.E. 4th AVE

FT-LAUDERDALE, FL

33304

USA

4. FEI Number

Applied For

Not Applicable

65-0846100

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

Name

YVES BEDARD

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

C/O 1222 N.E. 4th AVE

City

FT-LAUDERDALE

FL

Zip Code
33304

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, 2000 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 ☐ Delete

**D
PAULINE BEDARD
1903 THOMAS STREET
HOLLYWOOD, FL 33020**

TITLE ☐ Delete

**D
YVES BEDARD
1903 THOMAS STREET
HOLLYWOOD, FL 33020**

TITLE ☐ Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Delete

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CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

**TITLE
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

YVES-BEDARD

Date

Daytime Phone #

3/14/00

954.527-3941

CR2E034 (9/99)