2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039146

70035271

1. Entity Name
GREEN KEY MOTEL, INC.

Principal Place of Business
1223 NE 15TH AVENUE
FORT LAUDERDALE, FL 33304

Mailing Address
C/O 122 NE 4TH AVE
FORT LAUDERDALE, FL 33304

2. Principal Place of Business: 3530 NW 52 AVE
Suite, Apt. #, etc.: 609
City & State: LAUDERDALE LAKES FL
Zip: 33319 Country: US

3. Mailing Address: C/O 1222 NE 4TH AVE
Suite, Apt. #, etc.:
City & State: FT-LAUDERDALE FL
Zip: 33304 Country: US.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0846100 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BEDARD, YVES
C/O 122 NE 4TH AVE
FORT LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PELLETIER, PAULINE 1223 NE 15TH AVE. APT. 5A FORT LAUDERDALE, FL 33304 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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: [signature] 4-3-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)