

2000 UNIFORM BUSINESS REPORT (UBR)

0001136
NF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 10 PM 12:58



MJH

DO NOT WRITE IN THIS SPACE

DOCUMENT # **A96000001216**

1. Entity Name
GRAU FAMILY INVESTMENTS, LTD.

Principal Place of Business 540 N.E. 8TH STREET FT. LAUDERDALE FL 33304	Mailing Address 540 N.E. 8TH STREET FT. LAUDERDALE FL 33304-2715
---	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
--	--	---------	---------

4. FEI Number 65-0667230	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BRADY, FRANK R ESQ.
370 CAMINO GARDENS BLVD., THIRD FLOOR
BOCA RATON FL 33432**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$99.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
---	---	--

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	GRAU, GERARD D 540 NE 8TH STREET FT. LAUDERDALE FL 33304	STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	100003221901--5
		CITY - ST - ZIP	-04/24/00--01172--003 ****141.25 ****141.25
		STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	
		CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* **4/5/00** **954-7643600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)