

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000054345

1. Entity Name
GRIEFWORKS, INC.

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90018 015 ***158.75

Principal Place of Business Mailing Address
9729 SOUTH DIXIE HWY 9729 SOUTH DIXIE HWY
MIAMI FL 33156 MIAMI FL 33156

2. Principal Place of Business 3. Mailing Address
9729 S. Dixie Hwy Same
Suite, Apt. #, etc. Suite, Apt. #, etc.
N/A Same
City & State City & State
Pinecrest-miami Fl Same
Zip Country Zip Country
33156 USA Same same



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LUBAN, THEODORA T
9729 SOUTH DIXIE HWY
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
← Same
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 Theodore T. LUBAN/Theodora Jan Luban 01/06/02
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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	LUBAN, THEODORA TARR	
STREET ADDRESS	9729 SOUTH DIXIE HWY	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	S	<input type="checkbox"/> Delete
NAME	KENNITH ALAN LUBAN	
STREET ADDRESS	9001 S.W. 93RD AVE	
CITY-ST-ZIP	MIAMI FL 33176	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: Theodore T. LUBAN/Theodora Jan Luban 01/06/02 305-666-3650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

0247743 AV

(10/6) 750J6C3