


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90095 009 \*\*\*150.00

**DOCUMENT # P96000041240**

1. Entity Name  
**GRS MANAGEMENT OF BROWARD INC.**



Principal Place of Business  
**4431 SW 64TH AVE  
113  
DAVIE FL 33314  
US**

Mailing Address  
**4431 SW 64TH AVE  
113  
DAVIE FL 33314  
US**

2. Principal Place of Business  
**7900 N.W 155 ST  
Suite, Apt. #, etc.  
Suite 205  
City & State  
MIAMI, FL  
Zip  
33016 Country  
DADE**

3. Mailing Address  
**7900 N.W 155 ST  
Suite, Apt. #, etc.  
Suite 205  
City & State  
MIAMI LAKES, FL  
Zip  
33016 Country  
DADE**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**MARIA BARRETO  
4431 SW 64TH AVE  
113  
DAVIE FL 33314**

4. FEI Number **65-0682672** Applied For  Not Applicable

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

7. Name and Address of New Registered Agent  
Name **MARIA E. BARRETO**  
Street Address (P.O. Box Number is Not Acceptable)  
**7900 N.W 155 ST  
Suite 205  
City MIAMI LAKES FL Zip Code 33016**

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 *Maria E Barreto* DATE **1/16/03**

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

**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

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>BARRETO, MARIA</b>	
STREET ADDRESS	<b>4431 SW 64TH AVE STE 113</b>	
CITY-ST-ZIP	<b>DAVIE FL 33314</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MARIA BARRETO</b>	
STREET ADDRESS	<b>4431 SW 64TH AVE STE 113</b>	
CITY-ST-ZIP	<b>DAVIE FL 33314</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GILBERT, JOSEPH</b>	
STREET ADDRESS	<b>3900 WOODLAKES BLVD #202</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARRETO, MARIA</b>	
STREET ADDRESS	<b>7900 N.W. 155 ST Suite 205</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33016</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARRETO, MARIA</b>	
STREET ADDRESS	<b>7900 N.W 155 ST Suite 205</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33016</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		

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]* DATE: **1/16/03** (305) 823-0072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)