2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 20, 2000 8:00 am Secretary of State DOCUMENT # P98000008962 1. Entity Name R.J. GRANDA, INC. 01-20-2000 90177 032 ***150.00 Principal Place of Business Mailing Address 622 EAGLE DRIVE 622 EAGLE DRIVE DELRAY BEACH FL 33444-1841 DELRAY BEACH FL 33344 AUUUBJ65 2. Principal Place of Business 3. Mailing Address Suite, Apt; #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0817187 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRANDA, R J Street Address (P.O. Box Number is Not Acceptable) **622 EAGLE DRIVE** DELRAY BEACH FL 33344 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible __FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00_May.Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE GRANDA, R J NAME NAME STREET ADDRESS 622 EAGLE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33344** ☐ Change Addition ☐ Delete TITI F TITLE GRANDA, CINDY L NAME NAME 622 EAGLE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP **DELRAY BEACH FL 33444** ☐ Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 of 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.