

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000072037**

1. Entity Name

GRASSANO MANAGEMENT, INC.**FILED****Jan 26, 2000 8:00 am
Secretary of State**

01-26-2000 90140 023 ***150.00

Principal Place of Business

**2410 NW 49TH LANE
BOCA RATON FL 33431**

Mailing Address

**2410 NW 49TH LANE
BOCA RATON FL 33431-4335**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0940918

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

ALAN R GRASSANO

Street Address (P.O. Box Number is Not Acceptable)

2410 NW 49TH LANE

City

BOCA RATON**FL**Zip Code
33431

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

Signature type or printed name of registered agent and time applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-009. 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**PD
GRASSANO, ALAN R
2410 NW 49TH LANE
BOCA RATON FL 33431**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Add

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:

ALAN R GRASSANO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-00 561 998 3569