

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90038 026 ***150.00

DOCUMENT # P99000072037

1. Entity Name

GRASSANO MANAGEMENT, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

9900 GRAND VERDEWAY

Suite, Apt. #, etc.

3. Mailing Address

900 N. FEDERAL HIGHWAY

Suite, Apt. #, etc.

160

City & State

BOCA RATON FLORIDA

City & State

BOCA RATON FL

Zip

33428

Country

PALM BEACH

Zip

33432

Country

PALM BEACH

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

GRASSANO, ALAN R

~~**2410 NW 49TH LN**~~

~~**BOCA RATON FL 33431**~~

7. Name and Address of New Registered Agent

Name

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

900 NORTH FEDERAL HIGHWAY

SUITE 160

City

BOCA RATON

FL

Zip Code

33432

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]
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 **PD** ☐ Delete
NAME **GRASSANO, ALAN R**
STREET ADDRESS ~~**2410 NW 49TH LANE**~~
CITY-ST-ZIP ~~**BOCA RATON FL 33431**~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **900 NORTH FEDERAL HIGHWAY**
CITY-ST-ZIP **SUITE 160
BOCA RATON FL 33432-2754**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02 1561 218 1314

Date

Daytime Phone #

CR2E034 (9/01)