

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000078897**

1. Entity Name

GRANDVEST HOLDINGS CORP.**FILED****Apr 20, 2000 8:00 am**
Secretary of State

04-20-2000 90103 018 ***150.00

Principal Place of Business

555 N.E. 15TH ST.
SUITE 100
MIAMI FL 33169-457
US

Mailing Address

555 N.E. 15TH ST.
SUITE 100
MIAMI FL 33132-1455
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0752318

Applied For

Not Applicable

Zip

Country

Zip

Country

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**M622491
555 N.E. 15TH ST.
SUITE 100
MIAMI FL 33132

Name

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **D** ☒ DeleteNAME **MCKIBBIN, DAVID A**STREET ADDRESS **606 FISHER ISLAND DRIVE**CITY-ST-ZIP **FISHER ISLAND FL 33109**TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **D** ☒ Change ☐ AdditionNAME **Mckibbin, David A**STREET ADDRESS **1884 CLARK DR.**CITY-ST-ZIP **Coral Springs, Fla. 33071**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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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)