

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # S56701**1. Entity Name
GRANT PROPERTY MANAGEMENT COMPANY**Principal Place of Business**1761 W. HILLSBORO BLVD. BLVD.
#205
DEERFIELD BEACH
33442
US

FL

Mailing Address1761 W. HILLSBORO
#205
DEERFIELD BEACH
33442
US

FL

2. Principal Place of Business

1599 NW 9TH AVENUE

3. Mailing Address

1599 NW 9TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number**65-0265220**

Applied For

Not Applicable

Zip
33486Country
USZip
33486Country
US**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**GUTENSTEIN, GARY J.
1761 W. HILLSBORO BLVD
SUITE 205
DEERFIELD BEACH
33442
US

FL

7. Name and Address of New Registered Agent**Name**

GUTENSTEIN, GARY J.

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

1599 NW 9TH AVENUE

City

BOCA RATON

FL

Zip Code
33486

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)

01/16/2001

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, 2001 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	V	<input type="checkbox"/> Delete
NAME	GUTENSTEIN, ADRIENNE M	
STREET ADDRESS	1761 W. HILLSBORO BLVD. #205	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GUTENSTEIN, GARY J	
STREET ADDRESS	1761 W. HILLSBORO BLVD. #205	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTENSTEIN, ADRIENNE M	
STREET ADDRESS	1599 NW 9TH AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTENSTEIN, GARY J	
STREET ADDRESS	1599 NW 9TH AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33486	
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		
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		

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: Gary J. Gutenstein

DP

01/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)