

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90108 018 ***150.00

DOCUMENT # **P93000012237**

1. Entity Name

GRAN CORPORATION, INC

DO NOT WRITE IN THIS SPACE

645383

2. Principal Place of Business
8405 NW 53 ST

3. Mailing Address
8405 NW 53 ST

City, St. #, etc.

City, St. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip

33166

Country

US

Zip

33166

Country

US

4. FEI Number
65-0392013

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME MARINA S. DE SOSA
STREET ADDRESS 8405 NW 53 ST C-102
CITY-ST-ZIP MIAMI, FLORIDA 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPSD
NAME ALBERTO J. SOSA
STREET ADDRESS 8405 NW 53 ST C-102
CITY-ST-ZIP MIAMI, FLORIDA 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME GUILLERMO SOSA
STREET ADDRESS 8405 NW 53 ST C-102
CITY-ST-ZIP MIAMI, FLORIDA 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MARINA SOSA DE HOYER
STREET ADDRESS 8405 NW 53 ST C-102
CITY-ST-ZIP MIAMI, FLORIDA 33166

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAG. 4-17-02

Date

Daytime Phone #