

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000010356

1. Entity Name

USS GRIDLEY COMMISSIONING, MIAMI COMMITTEE,
INC.



Principal Place of Business

ONE SOUTHEAST THIRD AVENUE, STE 1440
MIAMI, FL 33131

Mailing Address

ONE SOUTHEAST THIRD AVENUE, STE 1440
MIAMI, FL 33131



01282008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-5646209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TURNER, DAVID M
ONE SOUTHEAST THIRD AVENUE, STE 1440
MIAMI, FL 33131

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MAS, RAUL
STREET ADDRESS P.O. BOX 145056
CITY-ST-ZIP CORAL GABLES, FL 33114

TITLE T
NAME MURGADO, MARIO
STREET ADDRESS 665 SW 8TH STREET
CITY-ST-ZIP MIAMI, FL 33130

TITLE S
NAME TURNER, DAVID M
STREET ADDRESS ONE SE 3RD AVE #1440
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
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CITY-ST-ZIP

U000000809178
02/08/08-80011-025-61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

1/27/08

Daytime Phone #

305-377-0707