

FILED
Jun 18, 2003 8:00 am
Secretary of State

05-05-2003 90105 018 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000052689					
1. Entity Name GRIFFIN PLAZA, INC.					
Principal Place of Business 180 NW 139TH STREET MIAMI, FL 33168			Mailing Address 180 NW 139TH STREET MIAMI, FL 33168		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1191557	
				☒ Applied For ☐ Not Applicable	
				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		
ROLLE, ANTHONY A 180 NW 139TH STREET MIAMI, FL 33168			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registrant and title if applicable. (NOTE: Registered Agent signature required when withdrawing)					
FILE NOW!!! FEES \$150.00 May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	D ROLLE, ANTHONY A ☐ Delete				
NAME					
STREET ADDRESS	180 NW 139TH STREET				
CITY-ST-ZIP	MIAMI, FL 33168				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
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NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with its address, with all other life employees.					
SIGNATURE: <u>Anthony A. Rolle</u> 5/29/03 (305) 205-7575 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

55048972

☐ CHECK HERE IF MAKING CHANGES

CR20034 (10/02)