2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000013785

Entity Name: GRANRIVYE LAKAY SE LAKAY INC

Current Principal Place of Business:

3620 EVANS AVE

FORT MYERS, FL 33901

FILED Mar 04, 2023 **Secretary of State** 6345908097CC

Current Mailing Address:

699 OCEAN AVE APT5 B BROOKLYN, NY 11226 US

FEI Number: 85-4359358 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ALCINA, GERALD 699 OCEAN AVE

5 B

BROOKLYN NY, FL 11226 US

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: ALCINA GERALD 03/04/2023

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

VΡ Title Title

ALCINA, GERALD JEAN BAPTISTE, SOLYN Name Name

Address 699 OCEAN AVE APT 5 B Address 956 E 80

BROOKLYN NY 11236 City-State-Zip: City-State-Zip: **BROOKLYN NY 11226**

Title **OFFI** Title **EXECUTIVE SECRETARY**

Name JACQUES, CERES MAXIMIN Name LAMY, NARAYANA SR.

Address 3620 EVANS AVE Address VILLAGE ZAO AVE

TABARRE 11A FORT MYERS FL 33901 City-State-Zip:

City-State-Zip: PORT AU PRINCE WI

Title OFFI Title ADVISER 1

EXAVIER, JULIE Name JEAN BAPTISTE, SURLYN Name 3763 NW 4 AVE Address

54 HAGGIS RD Address City-State-Zip: BOCA RATON FL 33431

City-State-Zip: MIDDLLETOWN DE 19709

Title **OFFICER**

OFFICER Title Name DAMUS, GERALD Name FANOR, YVE

Address 699 OCEAN AVE Address

2161 FRANKLYN STREET

City-State-Zip: BROOKLYN NY 11226 City-State-Zip: FORT MYERS FL 33901

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

03/04/2023 SIGNATURE: GERALD ALCINA **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title OFFICER

Name JACQUES, VEDWINE

Address 699 OCEAN AVE

5B

City-State-Zip: BROOKLYN NY 11226