

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

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90175 001 \*\*\*150.00

**DOCUMENT # 149983**

1. Entity Name  
**AMERTEC-GRANADA, INC.**



Principal Place of Business  
**7007 N. WATERWAY DR.  
MIAMI FL 33155**

Mailing Address  
**7007 N. WATERWAY DR.  
MIAMI FL 33155**



2. Principal Place of Business  
**4895 SW 88th**  
Suite, Apt. #, etc.  
**Miami FL**  
City & State

3. Mailing Address  
**4895 SW 88th**  
Suite, Apt. #, etc.  
**Miami FL**  
City & State  
**33156**

Zip  
**33156** Country  
**USA**

Zip  
**33156** Country  
**USA**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**SPARBER, BYRON  
3000 MIAMI CENTER  
100 CHOPIN PLAZA  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name  
**PATRICIA FRANK**

Street Address (P.O. Box Number is Not Acceptable)  
**4895 SW 88th**

City  
**Miami**

City  
**FL** Zip Code  
**33156**

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 *Patricia Frank* DATE **1/22/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00**  
**After 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>V FRANK, ERIC 11740 S. W. 69TH COURT MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FRANK, CHAYO 4895 S.W. 88TH STREET MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FRANK, BLANCHE 11740 S. W. 69TH COURT MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FRANK, LORIN 4007 KUMQUAT AVE. COCONUT GROVE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: *Patricia Frank* DATE: **1/23/03** DAYTIME PHONE #: **305.665.4369**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)