

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 221502**

1. Entity Name

HENRY DEGRAFF & SON, INC.**FILED**
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90028 044 ***150.00

Principal Place of Business

9537 NE 2ND AVE (331530093)
P.O. BOX 530093
MIAMI SHORES FL 33138

Mailing Address

9537 NE 2ND AVE (331530093)
P.O. BOX 530093
MIAMI SHORES FL 33138

A0006457



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0866629

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

DEGRAFF, RICHARD B.
451 CENTER ISLAND
GOLDEN BEACH FL 33160

7. Name and Address of New 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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE C ☐ Delete
NAME DEGRAFF, HENRY JR
STREET ADDRESS 149 HARBOR DRIVE.
CITY-ST-ZIP TAVERNIER FLTITLE V ☐ Delete
NAME DEGRAFF, RICHARD B.
STREET ADDRESS 451 CENTER ISLAND
CITY-ST-ZIP GOLDEN BEACH FLTITLE DPT ☐ Delete
NAME DEGRAFF, ROGER W.
STREET ADDRESS 10281 SW 132ND ST.
CITY-ST-ZIP MIAMI FLTITLE DS ☐ Delete
NAME DEGRAFF, RICHARD B.
STREET ADDRESS 451 CENTER ISLAND
CITY-ST-ZIP GOLDEN BEACH FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 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

Date

Daytime Phone #

CR2E034 (10/00)