

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90154 020 ***150.00

DOCUMENT # 221502

1. Entity Name
HENRY DEGRAFF & SON, INC.



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

2. Principal Place of Business
7160 N.W. 5th PLACE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 551
Suite, Apt. #, etc.

City & State
MIAMI FLORIDA
Zip
33153
Country
U.S.A.

City & State
JENSEN BEACH FLORIDA
Zip
34958
Country
U.S.A.

4. FEI Number **59-0866629**

Applied For
Not Applicable

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
ROGER W. DEGRAFF
Street Address (P.O. Box Number is Not Acceptable)
10281 S.W. 132 STREET
City
MIAMI FL Zip Code
33176

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: **ROGER W. DEGRAFF PRESIDENT / DIRECTOR** **4-4-03**
(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	<input type="checkbox"/> Delete	
NAME	DEGRAFF, HENRY JR	
STREET ADDRESS	149 HARBOR DRIVE.	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	<input checked="" type="checkbox"/> Delete	
NAME	DEGRAFF, RICHARD B.	
STREET ADDRESS	451 CENTER ISLAND	
CITY-ST-ZIP	GOLDEN BEACH FL	
TITLE	<input type="checkbox"/> Delete	
NAME	DPT DEGRAFF, ROGER W.	
STREET ADDRESS	10281 SW 132ND ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	<input checked="" type="checkbox"/> Delete	
NAME	DS DEGRAFF, RICHARD B.	
STREET ADDRESS	451 CENTER ISLAND	
CITY-ST-ZIP	GOLDEN BEACH FL	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSALIND DEGRAFF	
STREET ADDRESS	10281 S.W. 132 STREET	
CITY-ST-ZIP	MIAMI FLORIDA 33176	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DS ROSALIND DEGRAFF	
STREET ADDRESS	10281 S.W. 132 STREET	
CITY-ST-ZIP	MIAMI FLORIDA 33176	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: **SIGNATURE ROGER W. DEGRAFF DPT** **4-4-03 305 812 1510**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)