

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90103 021 ***150.00

DOCUMENT # 310594

1. Entity Name
GRAND EXIT OF AVENTURA, INC.



Principal Place of Business
**19575 BISCAYNE BLVD.
#1155
MIAMI FL 33180
US**

Mailing Address
**2700 BISCAYNE BLVD
MIAMI FL 33137-1534
US**



2. Principal Place of Business

3. Mailing Address
2742 Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami FL

4. FEI Number
59-1152049

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

7. Name and Address of New Registered Agent

**MATZ, RUBEN
2700 BISCAYNE BLVD
MIAMI FL 33137**

Name

Street Address (P.O. Box Number is Not Acceptable)

2742 Biscayne Blvd.

City **Miami FL** Zip Code **33137**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **MATZ, RUBEN**
CITY-ST-ZIP **8877 COLLINS AVENUE. #310**
MIAMI FL 33154

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **2742 Biscayne Blvd.**
CITY-ST-ZIP **Miami FL 33137**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MATZ, GLADYS**
CITY-ST-ZIP **8877 COLLINS AVENUE, #310**
MIAMI FL 33154

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **2742 Biscayne Blvd.**
CITY-ST-ZIP **Miami FL 33137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 19.07(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03

Date

Daytime Phone #

CR2E034 (10/02)