

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 398799

1. Entity Name

UNIREF, INC

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90046 016 ***150.00

Principal Place of Business

3306 LITTLE ROAD
VALRICO FL 33594

Mailing Address

3306 LITTLE ROAD
VALRICO FL 33594-6043

2. Principal Place of Business

2378 NW 34th Road

Suite, Apt. #, etc.

3. Mailing Address

2378 NW 34th Road

Suite, Apt. #, etc.

City & State

Coconut Creek, FL

City & State

Coconut Creek, FL

4. FEI Number

59-1392271

Applied For

Not Applicable

Zip

33066

Country

USA

Zip

33066

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRANT, THOMAS E
2378 NW 34TH RD
COCONUT CREEK FL 33066

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GRANT, THOMAS E
STREET ADDRESS 2378 NW 34TH RD
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE STD ☐ Delete
NAME GRANT, AVE M
STREET ADDRESS 2378 NW 34TH RD
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE D ☒ Delete
NAME EGGER, JILL
STREET ADDRESS 3306 LITTLE ROAD
CITY-ST-ZIP VALRICO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ 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 information empowered.

SIGNATURE: *Thomas E. Grant*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00 954-977-2888

CR2000 7/0/00