

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90238 035 ***150.00

DOCUMENT # 398799

1. Entity Name
UNIREP, INC

Principal Place of Business

**2378 NW 34TH RD
 POMPANO BEACH FL 33066**

Mailing Address

**2378 NW 34TH RD
 POMPANO BEACH FL 33066**

2. Principal Place of Business

2395 NW 120th LANE

Suite, Apt. #, etc.

3. Mailing Address

2395 NW 120th LANE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL.

Zip

33065

Country

USA

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA

4. FEI Number

59-1392271

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



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

GRANT, THOMAS E

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

2395 NW 120th LANE

City

CORAL SPRINGS

FL

Zip Code

33065

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

Thomas E. Grant

Thomas E. Grant

Pres.

04-01-02

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, 2002 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	<input type="checkbox"/> Delete
NAME	GRANT, THOMAS E	
STREET ADDRESS	2378 NW 34TH RD	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GRANT, AVE M	
STREET ADDRESS	2378 NW 34TH RD	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT Thomas E	
STREET ADDRESS	2395 NW 120th LANE	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33065	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, AVE M	
STREET ADDRESS	2395 NW 120th LANE	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33065	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 links empowered.

SIGNATURE:

Thomas E. Grant

Thomas E. GRANT

Date

Daytime Phone #

954-344-8001

0179488 AV

CR2E034 (9/01)