

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90046 039 ***150.00

706212



DO NOT WRITE IN THIS SPACE

DOCUMENT # 592339

1. Entity Name
GRANVILL PHARMACEUTICALS LABORATORIES, CORPORATI

Principal Place of Business

1408 20TH STREET
 MIAMI BEACH FL 33139

Mailing Address

1408 20TH STREET
 MIAMI BEACH FL 33139-1412

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2202162**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GRANADO, CARLOS V.
5800 S.W. 45 TERRACE
MIAMI FL 33155

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

T	<input type="checkbox"/> Delete
TITLE	
NAME	GRANADO, DEISE C
STREET ADDRESS	5800 SW 45 TERRACE
CITY-ST-ZIP	MIAMI, FL 00000
PD	<input type="checkbox"/> Delete
TITLE	
NAME	GRANADO, CARLOS V.
STREET ADDRESS	5800 S.W. 45 TERRACE
CITY-ST-ZIP	MIAMI FL
V	<input type="checkbox"/> Delete
TITLE	
NAME	GRANADO, JUAN C.
STREET ADDRESS	5800 S.W. 45 TERRACE
CITY-ST-ZIP	MIAMI FL
SD	<input type="checkbox"/> Delete
TITLE	
NAME	FRANADO, AMERICA D
STREET ADDRESS	5800 SW 45 TERRACE
CITY-ST-ZIP	MIAMI, FL 00000
	<input type="checkbox"/> Delete
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE
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CITY-ST-ZIP
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<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE
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.

205-5312697

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-2000

Date

Daytime Phone #

CR2E034 (9/99)