2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an addr

SIGNATURE AND TYPED OR PRINTED

SIGNATURE:

s, with all other like empowered.

AME OF SIGNING OFFICER OR DIRECTOR

Jan 18, 2002 8:00 am Secretary of State 601378 DOCUMENT # 1. Entity Name 01-18-2002 90010 032 ***150.00 GRAND & GRAND, P.A. Principal Place of Business Mailing Address 3440 HOLLYWOOD BLVD.. SUITE 450 3440 HOLLYWOOD BLVD.. SUITE 450 VENTURE CORPORATE CENTER VENTURE CORPORATE CENTER HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1269801 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAND, LEONARD Street Address (P.O. Box Number is Not Acceptable) 3440 HOLLYWOOD BLVD STE 450 HOLLYWOOD FL 33021 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition GRAND, LEONARD NAME GRAND, LEONARD NAME address STREET ADDRESS 4760 SARAZEN DRIVE 2110 N. Ocean BIVI # 1803 STREET ADDRESS HOLLYWOOD, FL 00000 CITY-ST-ZIP CITY-ST-ZIP Ft Lauderdale, FL 33305 TITLE VSD ☐ Delete TITLE ☐ Change ☐ Addition NAME GRAND, MARK S. NAME STREET ADDRESS 701 BLUEBIRD LANE STREET ADDRESS CITY-ST-ZIP **PLANTATION FL** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED