

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 629440

1. Entity Name

GRAU & COMPANY, P.A.

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90049 008 \*\*\*158.75

Principal Place of Business

Mailing Address

~~2101 CORPORATE BOULEVARD, N.W. #218~~  
BOCA RATON FL 33431

~~2101 CORPORATE BOULEVARD, N.W. #218~~  
BOCA RATON FL 33431-7343

00044000



DO NOT WRITE IN THIS SPACE

Grau & Company, P.A.  
2700 North Military Trail, Suite 350  
Boca Raton, Florida 33431

Grau & Company, P.A.  
2700 North Military Trail, Suite 350  
Boca Raton, Florida 33431

4. FEI Number **59-1917065**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

GRAU, ANTONIO S.  
20790 SONETO DRIVE  
BOCA RATON FL 33433

## 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 \_\_\_\_\_ (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	<input type="checkbox"/> Delete
NAME	GRAU, ANTONIO S.	
STREET ADDRESS	20790 SONETO DR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JANUS, HENRY L	
STREET ADDRESS	<del>2000 BLANCHARD TERR</del>	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	JOSEPH W. CURRAN	
STREET ADDRESS	2700 NORTH MILITARY TRAIL	
CITY-ST-ZIP	BOCA RATON FL 33431	
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		<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	2700 NORTH MILITARY TRAIL	
CITY-ST-ZIP	SUITE 350	
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 like empowered.

SIGNATURE: JOSEPH W. CURRAN *Joseph W. Curran*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/00

CR2E034 (9/99)