

2001 UNIFORM BUSINESS REPORT (UBR)

0004764 AF

DOCUMENT # **A20892**

1. Entity Name

C.J.F. GRAVOISE LTD.

FILED

01 APR -2 PM 12:20

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**6915 RED ROAD
SUITE 211
CORAL GABLES FL 33143**

Mailing Address

**6915 RED ROAD
SUITE 211
CORAL GABLES FL 33143**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2594366

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALENTI, CHARLES JR.
6915 RED ROAD
SUITE 211
CORAL GABLES FL 33143**

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)
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$475.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **H73352**
NAME **GRAVOISE MANAGEMENT CORP**
STREET ADDRESS **6915 RED ROAD, SUITE 211**
CITY-ST-ZIP **CORAL GABLES FL**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-15-01
Date

(305) 284-9960
Daytime Phone #

CR2E003 (11/00)