

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State
 03-07-2000 90068 025 ***150.00

DOCUMENT # F87905

1. Entity Name

GRANT REALTY CORP.

Principal Place of Business

Mailing Address

4776 ORCHARD LANE
 BEACH FL 33445

4776 ORCHARD LANE
 DELRAY BEACH FL 33498-6415
 US

C0033676



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10089 SAYGLASS WAY
 Suite, Apt. #, etc.

3. Mailing Address

10089 SAYGLASS WAY
 Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

Zip
 33498

Country

City & State

BOCA RATON, FL.

Zip
 33498

Country

4. FEI Number

59-2196021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, STANLEY B.
 4776 PRCHARD LANE
 DELRAY BEACH FL 33945

7. Name and Address of New Registered Agent

Name: STANLEY B. GOLDSTEIN
 Street Address (P.O. Box Number is Not Acceptable): 10089 SAYGLASS WAY
 City: BOCA RATON FL Zip Code: 33498

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

TITLE: PD
 NAME: GOLDSTEIN, STANLEY B
 STREET ADDRESS: 4776 ORCHARD LANE
 CITY-ST-ZIP: DELRAY BEACH FL 33445 ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

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 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
 NAME: 10089 SAYGLASS WAY
 STREET ADDRESS: BOCA RATON FL. 33498
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

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 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)