

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90245 033 ***150.00

DOCUMENT # **G9220**

1. Entity Name

GRISHA INDUSTRIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6601 N. LYONS RD

3. Mailing Address

6601 N. LYONS RD

Suite, Apt. #, etc.

SUITE D-5

Suite, Apt. #, etc.

SUITE D-5

City & State

COCONUT CREEK FL

City & State

COCONUT CREEK FL

4. FEI Number

59-2387833

Applied For

Not Applicable

Zip

33073

Country

Zip

33073

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GRISHA HOVSEPIAN

Street Address (P.O. Box Number is Not Acceptable)

6601 N. LYONS RD, SUITE D-5

City

COCONUT CK

FL

Zip Code

33073

**DO NOT WRITE
IN THIS SPACE**

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

C. G. Hovsepian

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

(NOTE: Registered Agent signature required when reinsuring)

DATE

4/23/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP | PD HOVSEPIAN, GRISHA G. 6601 N. LYONS RD, SUITE D-5 COCONUT CREEK, FL 33073 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD HOVSEPIAN, NORA 6601 N. LYONS RD, SUITE D-5 COCONUT CREEK, FL 33073 |
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

C. G. Hovsepian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 954.426-6054

Date

Daytime Phone #

CR2E034B (12/01)