## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** J13197 1. Entity Name GRI OF SOUTH FLORIDA, INC.

## FILED May 09, 2002 8:00 am Secretary of State 05-09-2002 90048 028 \*\*\*150.00

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Principal P	lace of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·				
1	DREWS AVE	3323 W. COMMERCIAL B	LVD.				
POMPANO   US	BEACH FL 33069	SUITE 200		1			
43		FT. LAUDERDAL FL 33309 US	9		1 1 <b>20</b> 11 <b>11 210</b> 1 11 <b>012</b> 11101 11014 10	11 1 <b>1 1</b> 1 11 11 11 11 11 11 11 11 11 11 11 1	INDI DINIK ATAU KAN
2. Principal Place of Business		3. Mailing Address					
Suite, Ap	pt. #, etc.	Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SPACE	
City & St	tate	City & State			4. FEI Number CE 0000E2 Applied For		
Zip	Country	Zip	Country		65-0002953		Not Applicable
<u> </u>			Country		5. Certificate of Status Desired	□ \$8.75 Fee Requ	Additional
	6. Name and Address of Current	Registered Agent			. Name and Address of New Re		
CT COR	PORATION SYSTEM		Name	•	N Tour	· •	
	PINE ISLAND ROAD		Street	Address (P.C	). Box Number is Not Acceptable;	<u> </u>	<del></del>
PLANTA1	TION FL 33324			<del></del>			<del>-</del>
	\ <del>2</del>		City			Zip C	ndo.
8. The abov	re named entity submits this statement for	the number of the said it				FL Zip C	
	re named entity submits this statement for	the purpose of changing its r	egistered office	or registered a	agent, or both, in the State of Flor	ida.	
SIGNATURE							
	Signature, typed or printed name of registered agent are	nd title if applicable. (NOTE:	Registered Agent sign	nature required wher	n reinstating)	DATE	<del></del>
9. This corp	oration is eligible to satisfy its intangible requirement and elects to do so.	FILE NOW!!!	FEE IS \$150	0.00	10. Election Campaign Final		
(See crite	eria on back)	After May 1, 2002 Make Check Payable	2 Fee will be \$ e to Departme	5550.00 nt of State	Trust Fund Contribution.		.00 May Be led to Fees
11.	OFFICERS AND D		12.		DDITIONS/CHANGES TO OFFIC	EDC AND DIDECTO	<del></del>
TITLE	P	☐ Delete	TITLE	TD	DDITIONS/CHANGES TO OFFIC	Change	
NAME STREET ADDRESS	LUCKER, JAMES R 951 S. ANDREWS AVE		NAME	Gerard	P. Mozian 1. Commercial Blvd.	change	, Madition
CITY-ST-ZIP	POMPANO BEACH FL 33069		STREET ADDRESS CITY-ST-ZIP	3323 W	1. Commercial Blvd.	¥ 200	
TITLE	VPTD	Delete	TITLE	I M. La	uderdale, A 33309		
NAME STREET ADDRESS	EBY, DALE	<b>V</b>	NAME			Change	☐ Addition
CITY-ST-ZIP	3323 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309		STREET ADDRESS	1			
TITLE	AS	- Constant	CITY-ST-ZIP	<del> </del>	<del>-</del>		
NAME ~	DALEY, MIKE	Delete	TITLE NAME			Change	☐ Addition
STREET ADDRESS City-St-Zip	951 S. ANDREWS AVE	ı	STREET ADDRESS				
TITLE	POMPANO BEACH FL 33069		CITY-ST-ZIP				
IAME	LARIMER, JOHN R	☐ Delete	TITLE NAME			☐ Change	Addition
	3323 W. COMMERCIAL BLVD.		STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		CITY-ST-ZIP				
	VPS FISHER, JANN I	☐ Delete	TITLE			☐ Change	- Addition
TREET ADDRESS	3323 W. COMMERCIAL BLVD.		NAME STREET ADDRESS	1			
ITY-ST-ZIP	FT. LAUDERDALE FL 33309		STREET ADDRESS CITY-ST-ZIP				
TLE	<del></del>	☐ Delete	TITLE			☐ Change	☐ Addition
i							
AME			NAME			Onlinge	Addition
IAME TREET ADDRESS ITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			Change	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO