FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2001 8:00 am Secretary of State **DOCUMENT # J42960** 1. Entity Name GRAND BUILDING CORPORATION 04-10-2001 90129 038 ***150.00 Principal Place of Business Mailing Address 950 S.E. 12TH ST 950 S.E. 12TH ST **LUU44263** HIALEAH FL 33010 HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2739286 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent -6:-Name and Address of Current Registered Agent ---BATCHELDR, ANNE Name Street Address (P.O. Box Number is Not Acceptable) 950 SE 12 STREET HIALEAH FL 33010 City Zip Code FI 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ANNE BATCHETOP-ROBJEHNS Change CR2E034 (10/00) Delete TITLE TITI F BATCHELOR, GEORGE NAME NAME 950 SE 12 ST STREET ADDRESS STREET ADDRESS 950 S.E. 12TH ST CITY-ST-ZIP CITY-ST-7IF HiAlcah, FL 33010 HIALEAH FL TITLE ☐ Change Addition TITLE Delete ROBJONAGE ANNE BATCHELOR NAME NAME STREET ADDRESS STREET ADDRESS 950 SE 12 ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 TITLE CFOT ☐ Delete TITLE Change ☐ Addition NAME ANSLEY, NANCY J NAME STREET ADDRESS STREET ADDRESS 950 SE 12 ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 TITLE VP VELASCO ☐ Delete TITLE ☐ Change Addition VELASIO, CARIDAD NAME NAME STREET ADDRESS STREET ADDRESS 950 SE 12 ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 TITLE ☐ Delete TITLE ☐ Change ☐ Addition FERRARESI, DANIEL J NAME NAME STREET ADDRESS STREET ADDRESS 950 SE 12TH ST CITY-ST-ZIP CITY-ST-7IP HIALEAH FL 33010 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.