

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K03863

1. Entity Name  
GRAWERT ENTERPRISES, INC.

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90031 049 \*\*\*150.00

Principal Place of Business

20 NE 6TH ST  
POMPANO FL 33060  
US

Mailing Address

20 NE 6TH ST  
POMPANO BEACH FL 33060  
US

2. Principal Place of Business

2100 Park Central Blvd N  
Suite, Apt. #, etc.  
100

3. Mailing Address

2100 Park Central Blvd N  
Suite, Apt. #, etc.  
100

City & State  
Pompano Bch, FL  
Zip  
33064  
Country  
USA

City & State  
Pompano Bch, FL  
Zip  
33064  
Country  
USA

4. FEI Number 65-0020808

Applied For  
Not Applicable

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

GRAWERT, BRUCE A.  
1321 SW 11TH TERR.  
BOCA RATON FL 33486

Name

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

2100 Park Central Blvd N  
S-100

City

Pompano Bch

FL

Zip Code  
33061

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPT  
GRAWERT, BRUCE A.  
738 AURELIA STREET  
BOCA RATON FL 33486  
2100 Park Central Blvd N  
Pompano Bch FL 33064

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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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 (10/00)