FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91217 025 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: K03863

1. Entity Name
GRAWERT ENTERPRISES, INC.

NC LW

666324

Principal Place of Business	Mailing Address
~~20 NE 6TH ST~~ ~~POMPANO FL 33060~~ US	~~20 NE 6TH ST~~ ~~POMPANO BEACH FL 33060~~ ~~US~~

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2100 Park Central Blvd N		2100 Park Central Blvd N	
Suite, Apt. #, etc.: 100		Suite, Apt. #, etc.: 100	
City & State: Pompano Bch, FL		City & State: Pompano Bch, FL	
Zip: 33064	Country: USA	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

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2100 Park Central Blvd N
S100
City Pompano Bch FL Zip Code 33064

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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