## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **K46827** Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** GRENALD PROPERTIES, INC. 01-27-2000 90072 015 \*\*\*150.00 Principal Place of Business Mailing Address 1800 N.E. 114 ST. 1800 N.E. 114 ST. # 2010 MIAMI FL 33181 MIAMI FL 33181-3413 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For -City & State 4. FEI Number City & State 65-0084372 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRENALD, BEN Street Address (P.O. Box Number is Not Acceptable) 1800 N.E. 114 ST. # 2010 **MIAMI FL 33181** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible Tax filing requirementand electrons sp. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria dn ba ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME GRENALD, BEN Z. STREET ADDRESS STREET ADDRESS 1800 N.E. 114 ST. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33181** Delete ☐ Change ☐ Addition TITLE TITLE GRENALD, SELMA M. NAME NAME STREET ADDRESS STREET ADDRESS 1800 N.E. 114 ST. CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33181** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR