

DOCUMENT # K46827

1. Entity Name

GRENALD PROPERTIES, INC.

Principal Place of Business

Mailing Address

1800 N.E. 114 ST.
2010
MIAMI FL 33181

1800 N.E. 114 ST.
2010
MIAMI FL 33181-3413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GRENALD, BEN
1800 N.E. 114 ST.
2010
MIAMI FL 33181

Name

Street Address (

City

8. The above named entity submits this statement for the purpose of changing its registered office or register

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

12.

<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	<div>D</div> <div>GRENALD, BEN Z.</div> <div>1800 N.E. 114 ST.</div> <div>MIAMI FL 33181</div> <div><input type="checkbox"/> Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	
<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	<div>D</div> <div>GRENALD, SELMA M.</div> <div>1800 N.E. 114 ST.</div> <div>MIAMI FL 33181</div> <div><input type="checkbox"/> Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Se

indicated on this report or supplemental report is true and accurate and that my signature shall have the

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # _____

CR2E034 '9/99'