

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

0015203

**DOCUMENT # L01000005194**

1. Entity Name

**GRAHUMA, LLC**

03-07-2002 90039 039 \*\*\*\*\*50.00

Principal Place of Business

**2720 TWIN OAKS WAY  
 WELLINGTON FL 33414**

Mailing Address

**~~2720 TWIN OAKS WAY~~  
~~WELLINGTON FL 33414~~**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**c/o Mendoza and Callas**

Suite, Apt. #, etc.

**251 Royal Palm Way, Ste 602**

City & State

**Palm Beach, FL**

Zip  
**33480**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number  
 applied for

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ANZORREGUY, FELIX  
 2720 TWIN OAKS WAY  
 WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name **Mario G. de Mendoza, III**

Street Address (P.O. Box Number is Not Acceptable)  
**Mendoza and Callas**

**251 Royal Palm Way, Suite 602**

City **Palm Beach**

**FL**

Zip Code  
**33480**

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

**Mario G. de Mendoza, III, Reg. Agent**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☒ Addition  
**Managing Member  
 Felix Anzorreguy  
 2720 Twin Oaks Way  
 Wellington, FL 33414**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**Felix Anzorreguy, Managing Member**

**(561) 659-1111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)