

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90046 041 *****50.00

DOCUMENT # L01000008835

1. Entity Name

GRAND DERBA LLC

Principal Place of Business

**2300 GLADES ROAD, SUITE 302E
 BOCA RATON FL 33431**

Mailing Address

**2300 GLADES ROAD, SUITE 302E
 BOCA RATON FL 33431**

908881



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10640 SEA HOLLY DRIVE

3. Mailing Address

10640 SEA HOLLY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

City & State

BOYNTON BEACH FL

4. FEI Number

05 1107325

Applied For

Not Applicable

Zip

33436

Country

USA

Zip

33436

Country

USA

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCIARRETTA, STEVEN A
 2300 GLADES ROAD, SUITE 302E
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **JAMES DERBA**

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

10640 SEA HOLLY DRIVE

City **BOYNTON BEACH**

FL

Zip Code **33436**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/02

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **DERBA, JIM**
 STREET ADDRESS **10640 SEA HOLLY DRIVE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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

Date

Daytime Phone #

1/14/02 561 3687978

CR2E083 (9/01)