## 2003 UNIFORM BUSINESS REPORT (UBR)

1250 E. HALLANDALE BEACH BLVD., STE. 808

HALLANDALE, FL 33009

Address:

City-St-Zip:

## DOCUMENT# L02000031483

Entity Name: GRANITE FINANICAL, LLC

FILED Feb 14, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1250 E. HALLANDALE BEACH BLVD., STE. 808 HALLANDALE, FL 33009 **Current Mailing Address: New Mailing Address:** 1250 E. HALLANDALE BEACH BLVD., STE. 808 HALLANDALE, FL 33009 FEI Number: 06-1665046 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AGI REGISTERED AGENTS, INC 1200 BRICKELL AVENUE, STE. 900 MIAMI, FL 33131 US 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: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGR () Change () Addition () Delete FISCHBACH, MAX Name: Name: Address: 1250 E. HALLANDALE BEACH BLVD., STE. 808 Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: TOMASSI, GIANNI Name: Address: 1250 E. HALLANDALE BEACH BLVD., STE. 808 Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: MGR () Delete Title: () Change () Addition DRESSLER, PATRICIA Name: Name: 1250 E. HALLANDALE BEACH BLVD., STE. 808 Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: ARIZAGA, LUIS ANGEL Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Address:

City-St-Zip:

SIGNATURE: GIANNI TOMASSI MGR 02/14/2003