

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90298 033 ****50.00

DOCUMENT # L02000032858

1. Entity Name

G R VENTURES, LLC



30040215

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8201 Peters Road (FT. LAUD.)

3. Mailing Address

Michael Fichtel
2474 Providence Circle
Weston, FLA 33327

Suite, Apt. #, etc.
4000

Suite, Apt. #, etc.

City & State
Weston, FLA.

City & State
Weston, FLA

4. FEI Number
14-1862213

Applied For
Not Applicable

Zip
33327

Country

Zip
33327

Country
U.S.A.

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Michael Fichtel

Street Address (P.O. Box Number is Not Acceptable)
8201 Peters Road

City
FT. LAUD.

FL

Zip Code
33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Michael Fichtel (president)
8201 Peters Road
FT. LAUD., FLA. 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Howard Wandor (Vice president)
1400 Centipark Blvd Suite 200
West Palm Beach, FLA 33401

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #

2/19/03 954 370-9970

CR2E083B (12/02)