

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L24838

1. Entity Name

GGD GRUNDBESITZ GEBRUEDER DUDE, INC.

FILED
Aug 25, 2000 8:00 am
Secretary of State

08-25-2000 90002 015 ***550.00

Principal Place of Business

Mailing Address

~~500 AUSTRALIAN S. AVE.~~
~~STE 110~~
WEST PALM BEACH FL 33401
~~US~~

~~500 AUSTRALIAN S. AVE.~~ 211 Royal P
~~STE 110~~
WEST PALM BEACH FL 33401
US

2. Principal Place of Business

3. Mailing Address

211 Royal Poinciana
Suite, Apt. #, etc.
Suite A

211 Royal Poinciana Way
Suite, Apt. #, etc.
Suite A

City & State
Palm Beach FL

City & State
PALM BEACH FL

Zip
33480

Country
USA

Zip
33480

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0187179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUDE, HAROLD
500 AUSTRALIAN AVE. S.
STE 110
W. PALM BEACH FL 33401

Name

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

211 Royal Poinciana Way
Suite A

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
DUDE, HAROLD
500 AUSTRALIAN AVE. S.
W. PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
211 Royal Poinciana Way
PALM BEACH FL 33480 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 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

9/1/00
Date

Daytime Phone #

CR2E034 (5/00)