

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90101 013 ***550.00

DOCUMENT # L37827

1. Entity Name

GRD PROPERTIES, INC.



Principal Place of Business

**4431 SW 64TH AVE
 SUITE 122
 DAVIE FL 33314-3458
 US**

Mailing Address

**13451 MUSTANG TRAIL
 SUITE 122
 FORT LAUDERDALE FL 33330
 US**

A0074688



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0189470

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HULMES, DONALD W.
 13451 MUSTANG TRAIL
 SUITE #115
 FORT LAUDERDALE FL 33330**

Name --

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

City

FL

Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | DP | <input type="checkbox"/> Delete |
| NAME | HULMES, DONALD W. | |
| STREET ADDRESS | 13451 MUSTANG TRAIL | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33330 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | PERRY, HENRY D., JR. | |
| STREET ADDRESS | 3866 SHERIDAN ST | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | HULMES, NANCY | |
| STREET ADDRESS | 4431 SW 64TH AVE | |
| CITY-ST-ZIP | DAVIE FL | |
| TITLE | DT | <input checked="" type="checkbox"/> Delete |
| NAME | PERRY, MARGARETTE | |
| STREET ADDRESS | 3866 SHERIDAN ST | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Handwritten signature: Donald W. Hulmes for Aug 31, 20

CR2E034 (5/00)