

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/17

FILED

Jun 29, 2000 8:00 am  
Secretary of State

05-17-2000 90917 043 \*\*\*150.00

DOCUMENT # L61007

1. Entity Name

THE GRAND BAY CORPORATION

R

Principal Place of Business

Mailing Address

1200 NW 167TH STREET  
MIAMI FL 33169  
US

PO BOX 694120  
MIAMI FL 33269-1120  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-1693044

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLAUBER, LAWRENCE H. 1200 NW 167 ST  
4525 NW 37TH AVENUE  
MIAMI FL 33142

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

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 \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
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 D  
NAME GLAUBER, LARRY  
STREET ADDRESS 4525 N.W. 37TH AVENUE  
CITY-ST-ZIP MIAMI FL  
SAME AS ABOVE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P  
NAME CARTMAN, GARY  
STREET ADDRESS 4525 NW 37TH AVE  
CITY-ST-ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY CARTMAN  
President

4/23/00

Date

Daytime Phone #

(305) 627-9127

CR2E034 (9/99)