

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90136 040 ***150.00

DOCUMENT # L64503

1. Entity Name
GRIFOLS AMERICA, INC.

Principal Place of Business

8880 NW 18TH TERR
MIAMI FL 33172
US

Mailing Address

8880 NW 18TH TERR
MIAMI FL 33172
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 **65-0209970**

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

ANIDO, MARTA
13392 S.W. 103 PLACE
MIAMI FL 33176

Name

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

MBA & CO 1001 BRICKELL BAY DR

9th Floor

City

MIAMI FL 3 FL 33131

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **GRIFOLS, VICTOR**
STREET ADDRESS **08150 PARETS DEL VALLES**
CITY-ST-ZIP **BARCELONA, SPAIN**

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

TITLE **ST** ☐ Delete
NAME **ANIDO, MARTA F.**
STREET ADDRESS **MBA & CO., 1001 BRICKELL BAY DR**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Marta Anido* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **MARTA ANIDO** **2/1/02** **305-3735500**
Signature Date Daytime Phone #

CR2E034 (9/01)