

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000492**

1. Entity Name
GRADLER REALTY, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 16 PM 4:29

Principal Place of Business
**2077 NORTH POWERLINE ROAD, SUITE 2
POMPANO BECH FL 33069**

Mailing Address
**2077 NORTH POWERLINE ROAD, SUITE 2
POMPANO BECH FL 33069-1280**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
22-3631894

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WICH, THOMAS M
WICH, WICH, & WICH, P.A.
2400 E. COMMERCIAL BLVD., SUITE 620
FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GRASSO, ANTHONY 1968 NORTHEAST 7TH STREET DEERFIELD BEACH FL 33441 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ADLER, STEVE 2 REDWOOD DRIVE MALBORRO NJ 07446 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

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

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

6/13/00 **954-753-6966**
Date Daytime Phone #

CR2E083 (9/99)