FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90549 022 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002016

1. Entity Name

GRANDEUR ENTERPRISES, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Arthur J. Furia, Esq	c/o Arthur J. Furia
Suite, Apt. #, etc.: 1717 N. Bayshore Dr. #4057	Suite, Apt. #, etc.: 1717 N. Bayshore Dr. #4057
City & State: MIAMI, FL	City & State: MIAMI FL
Zip: 33132 Country: USA	Zip: 33132 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0911222 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: VALDES FAULI Corporate Services
Street Address (P.O. Box Number is Not Acceptable): One Biscayne Tower suite #3400
2 S. Biscayne bld.
City: MIAMI **FL** Zip Code 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Arthur J. Furia, Officer DATE: 4/7/03
Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MRGM
NAME	FURIA, Arthur J
STREET ADDRESS	1717 N. Bayshore Dr, # 4057
CITY-ST-ZIP	MIAMI FL 33132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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: Arthur J. Furia, Manager 4/7/03 (305) 376-6092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #