

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003399

1. Entity Name
GRAND MARKETING, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -3 PM 1:29

mf

Principal Place of Business
350 CAMINO GARDENS BLVD., SUITE 200
BOCA RATON FL 33432

Mailing Address
350 CAMINO GARDENS BLVD., SUITE 200
BOCA RATON FL 33432-5847



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

65-0929938

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
SMOLEV, IRA
350 CAMINO GARDENS BLVD., SUITE 200
BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
TURIANSKY, BRUCE
350 CAMINO GARDENS BLVD., SUITE 200
BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition

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STREET ADDRESS
CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change 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

Date

Daytime Phone #

BRUCE TURIANSKY 1/14/00

561 362 675

CR2E083 (9/99)