

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90390 024 \*\*\*\*50.00

**DOCUMENT # L99000007536**

1. Entity Name

**GRANITE SYSTEMS, LLC**

Principal Place of Business

**900 S. W. 15TH AVENUE  
 DELRAY BEACH FL 33444**

Mailing Address

**900 S. W. 15TH AVENUE  
 DELRAY BEACH FL 33444**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0964304**

Applied For

Not Applicable

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

**GREGORY, WILLIAM P  
 715 SWANN AVENUE  
 TAMPA FL 33606**

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME **MGR** ☐ Delete  
**PATERRA, GUY S**  
 STREET ADDRESS **328 GEORGETOWN DRIVE**  
 CITY-ST-ZIP **CASSLEBERRY FL 32707**

TITLE **MGR** ☐ Change ☐ Addition  
 NAME **PATERRA, GUY S**  
 STREET ADDRESS **7785 WEST COUNTRY CLUB BLVD.**  
 CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE  
 NAME **MGRM** ☐ Delete  
**JOSE C. LAU TRETO**  
 STREET ADDRESS **21481 TOWN LAKES DR., #572**  
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **MGR** ☐ Change ☐ Addition  
 NAME **JOSE C. LAU TRETO**  
 STREET ADDRESS **4077 COONITE CT.**  
 CITY-ST-ZIP **LANTANA, FL 33462**

TITLE  
 NAME **MGRM** ☐ Delete  
**TOMEI, ALBERTO**  
 STREET ADDRESS **1121 SW 16TH STREET**  
 CITY-ST-ZIP **BOCA RATON FL 33486**

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4-22-02 561-276-3444**

CR2E083 (9/01)