

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUL 20 PM 4: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L99000007745**

1. Entity Name  
**GRUVECO DEVELOPMENT COMPANY, LLC.**

Principal Place of Business  
8625 DOVER OAKS COURT  
ORLANDO FL 32836

Mailing Address  
8625 DOVER OAKS COURT  
ORLANDO FL 32836

2. Principal Place of Business  
**7345 SAND LAKE RD.**  
Suite, Apt. #, etc.  
**SUITE 209**  
City & State  
**ORLANDO - FL**  
Zip  
**32819** Country  
**ORANGE**

3. Mailing Address  
**7345 SAND LAKE RD**  
Suite, Apt. #, etc.  
**SUITE 209**  
City & State  
**ORLANDO - FL**  
Zip  
**32819** Country  
**ORANGE**

4. FEI Number  
**59-3623718** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**QUINTERO-CLAPPERTON, DANIEL**  
8625 DOVER OAKS COURT  
ORLANDO FL 32836

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 DATE **July 14, 2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER</b> <input type="checkbox"/> Delete <b>DANIEL QUINTERO-CLAPPERTON</b> <b>7345 SAND LAKE ROAD-SUITE 209</b> <b>ORLANDO, FL 32819</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER</b> <input type="checkbox"/> Delete <b>RICARDO QUINTERO-CLAPPERTON</b> <b>7345 SAND LAKE ROAD-SUITE 209</b> <b>ORLANDO, FL 32819</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER</b> <input type="checkbox"/> Delete <b>GRUPO VENEZOLANO DE CONSTRUCCION</b> <b>7345 SAND LAKE Rd. SUITE 209</b> <b>ORLANDO, FL 32819</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER</b> <input type="checkbox"/> Delete <b>GEORGE ST. PIERRE III</b> <b>7345 SAND LAKE Rd. SUITE 209</b> <b>ORLANDO, FL 32819</b>
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 <b>700003337217-1</b> <b>-07/26/00--01098--008</b> <b>*****55.00 *****55.00</b>
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
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
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** DATE **July 14 2000** DAYTIME PHONE # **407 345-0252**

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

CR2E083 (5/00)