

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

July 14, 2000

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

9. MANAGING MEMBERS/MANAGERS

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

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

July 14 2000

Date

Daytime Phone #

407
345-0252

CR2E083 (5/00)