

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M17465

1. Entity Name

GRAINS TECHNOLOGY MANAGEMENT, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90269 027 ***150.00

Principal Place of Business 1300 JACKSON ST. HOLLYWOOD FL 33019	Mailing Address 1300 JACKSON ST. HOLLYWOOD FL 33019-1531
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2552071	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, ELIA V.
1300 JACKSON ST.
HOLLYWOOD FL 33019

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, PEDRO	
STREET ADDRESS	1300 JACKSON ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ELIA VICTORIA	
STREET ADDRESS	1300 JACKSON ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ELIA ISABEL	
STREET ADDRESS	1300 JACKSON ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, PEDRO LUIS	
STREET ADDRESS	8800 W 102 PL, APT B	
CITY-ST-ZIP	OVERLAND PARK KA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIA V. RODRIGUEZ *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-99 *[Signature]* **(305) 757-5025**
 Date Daytime Phone #

CR2E034 19/99