

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M22297**

Amend

06-27-2001 90007 033 ****61.25

FILED M22297

SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -5 AM 11:46

1. Entity Name

Grandway Office Shop, Inc

Principal Place of Business

Mailing Address

**10932 N.W. 7 Ave
Miami, FL 33168**

**10932 N.W. 7 Ave
Miami, FL 33168**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2605936

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SERGIO PUPO
7135 COLLINS AVENUE APT 1425
MIAMI BEACH, FL 33141**

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]

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

(NOTE: Registered Agent signature required when registering)

4/26/01

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, 2001 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

TITLE	Pres.	☐ Delete
NAME	ENRIQUE GARCIA	
STREET ADDRESS	867 N.W. 109 ST	
CITY-STATE-ZIP	MIAMI FL 33168	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	SECRETARY	☐ Delete
NAME	SERGIO PUPO	
STREET ADDRESS	7135 COLLINS AVE APT 1425	
CITY-STATE-ZIP	MIAMI BEACH, FL 33141	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	PST/D	☒ Delete
NAME	JOSE RAUL GARCIA	
STREET ADDRESS	10932 N.W. 7 Ave	
CITY-STATE-ZIP	MIAMI FL 33168	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS* CHANGES TO OFFICERS AND DIRECTORS IN

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3), 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, within all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SERGIO PUPO
SECRETARY**

4/26/01