

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State
 02-18-2002 90142 023 ***150.00

DOCUMENT # M45974

1. Entity Name
GRANADA CORPORATION

Principal Place of Business
550 BILTMORE WAY, #770
P.O. BOX 14-3675
CORAL GABLES FL 33114-0675

Mailing Address
P.O. BOX 14-3675
CORAL GABLES FL 33114-3675
US



2. Principal Place of Business
515 SW California Av
 Suite, Apt. #, etc.

3. Mailing Address
515 SW California Av
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
STUART, FL
Zip 34994-2946 **Country** US

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STUART, FL
Zip 34994-2946 **Country** US

4. FEI Number 59-1608688

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SLATER, ROBERT
550 BILTMORE WAY, #770
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name SLATER, ROBERT
Street Address (P.O. Box Number is Not Acceptable) 515 SW California Av
City Stuart **FL** **Zip Code** 34994-2946

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SLATER, ROBERT L	
STREET ADDRESS	6915 GRANADA	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLATER, A.J., II	
STREET ADDRESS	11001 MONFERO ST.	
CITY-ST-ZIP	CORAL GABLES F	
TITLE	S	<input type="checkbox"/> Delete
NAME	SLATER, KATHLEEN	
STREET ADDRESS	6915 GRANADA	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PEEPLES, RICHARD	
STREET ADDRESS	7740 SW 178TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Slater, Robert L	31 NE Lofting Way	Sewards Point, FL 34996	
	Slater, A.J. II	4 NE Lagoon Island Ct.	Sewalls Point, FL 34996	
	Slater, Kathleen	31 NE Lofting Way	Sewards Point, FL 34996	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **1/31/02** **561-463-7009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)