

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M80542

1. Entity Name

GRAND SLAM GROVES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90138 047 ***150.00

Principal Place of Business

% CROMWELL A. ANDERSON
100 SE 2ND ST., 17 FLR
MIAMI FL 33131-1101
US

Mailing Address

% CROMWELL ANDERSON
100 SE 2ND ST. 17TH FLOOR
MIAMI FL 33131-2158
US

2. Principal Place of Business

% CROMWELL A. ANDERSON

Suite, Apt. #, etc.

1029 Hardee Rd

City & State

Coral Gables

Zip

FL 33146

Country

USA

3. Mailing Address

% CROMWELL A. ANDERSON

Suite, Apt. #, etc.

1029 Hardee Rd

City & State

Coral Gables FL

Zip

33146

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0047545

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, CROMWELL A
100 SE 2 ST.
17 FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name ANDERSON, CROMWELL A

Street Address (P.O. Box Number is Not Acceptable)

1029 Hardee Rd

Coral Gables, FL

City

FL

Zip Code

33146

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

Cromwell A. Anderson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, CROMWELL A.	
STREET ADDRESS	1029 HARDEE RD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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		<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 files empowered.

SIGNATURE:

Cromwell A. Anderson Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

(305) 667-0828

Daytime Phone #

CR2E034 (9/99)