

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90005 010 ***150.00

DOCUMENT # M91048

1. Entity Name
GRANAT SECRETARIAL SERVICES, INC.

Principal Place of Business C/O DAVID BROCK 169 LINCOLN RD., STE 328 MIAMI BEACH FL 33139	Mailing Address C/O DAVID BROCK 169 LINCOLN RD., STE 328 MIAMI BEACH FL 33141-4130
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. 1440 79th St Cswy Suite 401 City & State N. Bay Village Zip 33141-4130 Country Miami-Dade	3. Mailing Address Suite, Apt. #, etc. 1402 79th St. Cswy. PMB193 City & State N. Bay Village Zip 33141-4130 Country USA
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4. FEI Number 65-0063077	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROCK, DAVID
169 LINCOLN ROAD, SUITE 328
MIAMI BEACH FL 33139

Name
 Street Address (P.O. Box Number is Not Acceptable)
1440 79th St. Cswy. Suite 401
 City **N. Bay Village** **FL** Zip Code **33141**

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 *David Brock* **Vice-President** 3/3/00
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GRANAT, RHODA 169 LINCOLN RD., STE 328 MIAMI BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1440 79th St. Cswy. Suite 401 N. Bay Village FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BROCK, DAVID 169 LINCOLN RD., S. 328 MIAMI BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1440 79th St. Cswy. Suite 401 N. Bay Village FL 33141
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *David Brock* **1-6-00 305-868-4941**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)