

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M91048

1. Entity Name

GRANAT SECRETARIAL SERVICES, INC.

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

03-14-2000 90005 010 ***150.00

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

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



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0063077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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 | GRANAT, RHODA | |
| STREET ADDRESS | 169 LINCOLN RD., STE 328 | |
| CITY-ST-ZIP | MIAMI BEACH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BROCK, DAVID | |
| STREET ADDRESS | 169 LINCOLN RD., S. 328 | |
| CITY-ST-ZIP | MIAMI BEACH FL | |
| 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"/> 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 | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1440 79th St. Cswy. Suite 401 | |
| CITY-ST-ZIP | N. Bay Village FL 33141 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1440 79th St. Cswy. Suite 401 | |
| CITY-ST-ZIP | N. Bay Village FL 33141 | |
| 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 | | |
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| 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:

David Brock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-00 305-868-4941

Date

Daytime Phone #

CR2E034 (9/99)