

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000000451

1. Entity Name

GROTIUS INTERNATIONAL, INC.

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90378 001 ****61.25

05-14-2002 90378 002 ****8.75

Principal Place of Business 10613 HAMMOCKS BOULEVARD, #2-33 MIAMI FL 33196	Mailing Address 10613 HAMMOCKS BOULEVARD, #2-33 MIAMI FL 33196
--	--

2. Principal Place of Business 15445 SW 80 STREET	3. Mailing Address 15445 SW 80 STREET
--	--

Suite, Apt. #, etc. 206	Suite, Apt. #, etc. 206
----------------------------	----------------------------

City & State MIAMI, FL	City & State MIAMI, FL
---------------------------	---------------------------

Zip 33193	Country USA	Zip 33193	Country USA
--------------	----------------	--------------	----------------

4. FEI Number 65-1088091	Applied For <input checked="" type="checkbox"/> Not Applicable
-----------------------------	---

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent

DELGADO-MARQUEZ, EDUARDO
10613 HAMMOCKS BOULEVARD, #2-33
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name
DELGADO-MARQUEZ, EDUARDO
Street Address (P.O. Box Number is Not Acceptable)
15445 SW 80 STREET, No. 206,
City
MIAMI, FL Zip Code
33193

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 E. DELGADO M DATE APRIL 29th/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGADO-MARQUEZ, EDUARDO 10613 HAMMOCKS BOULEVARD, #2-33 MIAMI FL 33196 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGADO-MARQUEZ, OSCAR 1212 SANDRA DRIVE BAKERSFIELD CA 93304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVERSON, MICHAEL 2414 HADLEY LANE, #E REDONDO BEACH CA 90278 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGADO-MARQUEZ, EDUARDO 15445 SW 80 STREET, No. 206 MIAMI, FL 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. DELGADO M
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)