

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90016 003 ****61.25

DOCUMENT # N47422

1. Entity Name

GRANVILLE CONDOMINIUM J ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O CASTLE MANAGEMENT INC
 P.O. BOX 180013
 PLANTATION FL 33318
 US

C/O CASTLE MANAGEMENT INC
 P.O. BOX 180013
 PLANTATION FL 33318
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 189013

Suite, Apt. #, etc.

P.O. Box 189013

City & State

City & State

4. FEI Number

65-0322240

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CASTLE MANAGEMENT INC
 4450 WEST SUNRISE BLVD, STE 100
 PLANTATION FL 33313**

Name

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

City

FL

Zip Code

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
PD	BRODER, LEN	7365 GRANVILLE DR.	TAMARAC FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	FENSTER, MARVIN	7379 GRANVILLE DR.	TAMARAC FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	TEPLITSKY, RUBIN	7339 GRANVILLE DR.	TAMARAC FL 33321	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S/D	LEDER, SEYMOUR	7357 GRANVILLE DR	TAMARAC FL 33321	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	SAPERSTEIN, JERRY	7355 GRANVILLE DR.	TAMARAC FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Len Broder, President 2/2/00 (954) 792-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)