

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90143 033 ****61.25

DOCUMENT # N47422

1. Entity Name
GRANVILLE CONDOMINIUM J ASSOCIATION, INC.

Principal Place of Business C/O CASTLE MANAGEMENT INC PO BOX 189013 PLANTATION FL 33318 US	Mailing Address C/O CASTLE MANAGEMENT INC PO BOX 189013 PLANTATION FL 33318 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0322240	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CASTLE MANAGEMENT INC
 4450 WEST SUNRISE BLVD, STE 100
 PLANTATION FL 33313**

7. Name and Address of New Registered Agent
 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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS

TITLE NAME	PD BRODER, LEN	<input type="checkbox"/> Delete
STREET ADDRESS	7365 GRANVILLE DR.	
CITY-ST-ZIP	TAMARAC FL	
TITLE NAME	VD FENSTER, MARVIN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7379 GRANVILLE DR.	
CITY-ST-ZIP	TAMARAC FL	
TITLE NAME	VD TEPLITSKY, RUBIN	<input type="checkbox"/> Delete
STREET ADDRESS	7339 GRANVILLE DR.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE NAME	S/D LEDER, SEYMOUR	<input type="checkbox"/> Delete
STREET ADDRESS	7357 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE NAME	TD SAPERSTEIN, JERRY	<input type="checkbox"/> Delete
STREET ADDRESS	7355 GRANVILLE DR.	
CITY-ST-ZIP	TAMARAC FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VD Blattman, Leonard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7377 Granville Dr.	
CITY-ST-ZIP	TAMARAC, FL	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 1/10/01 (954) 792-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (10/00)