

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000006435

FILED
Apr 30, 2003
Secretary of State

Entity Name: GRASSROOTS ECOSYSTEM MANAGEMENT, INC.

Current Principal Place of Business:

14739 S.W. 51ST TERR.
MIAMI, FL 33185

New Principal Place of Business:

15285F SW 45TH TERRACE
MIAMI, FL 33185

Current Mailing Address:

14739 S.W. 51ST TERR.
MIAMI, FL 33185

New Mailing Address:

15285F SW 45TH TERRACE
MIAMI, FL 33185

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRAY, DAVID
14739 S.W. 51ST TERR.
MIAMI, FL 33185

Name and Address of New Registered Agent:

BRAY, DAVID
15285F SW 45TH TERRACE
MIAMI, FL 33185

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:

04/30/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRAY, DAVID PH.D
Address: 14739 S.W. 51ST TERR.
City-St-Zip: MIAMI, FL 33185

Title: SD () Delete
Name: FOX, JONATHON PH.D
Address: MERRILL COLLEGE, UC SANTA CRUZ
City-St-Zip: SANTA CRUZ, CA 95064

Title: TD () Delete
Name: FLOOR, VICTORIA
Address: 14739 S.W. 51ST TERR.
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRAY, DAVID PH.D
Address: 15285F SW 45TH TERRACE
City-St-Zip: MIAMI, FL 33185

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: FLOOR, VICTORIA
Address: 15285F SW 45TH TERRACE
City-St-Zip: MIAMI, FL 33185

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID BRAY

PD

04/30/2003

Electronic Signature of Signing Officer or Director

Date