**FILED** 

## 2001 Uniform Business Report (UBR)

**SIGNATURE** 

## May 21, 2001 8:00 am Secretary of State DOCUMENT # P0000008021 1. Entity Name 05-21-2001 90371 005 \*\*\*150.00 GRANA OIL, INC. Principal Place of Business Mailing Address 7045 S.W. 95TH COURT 7045 S.W. 95TH COURT MIAMI FL 33173 MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65- 0975355 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRANA, JOSE R Street Address (P.O. Box Number is Not Acceptable) 7045 S.W. 95TH COURT MIAMI FL 33173 City Zip Code 8. The above named entity submits this statement for the purpose of char ng its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PTD (10/00)TITLE ☐ Delete TITLE ☐ Change Addition GRANA, JOSE R NAME NAME CR2E034 (\* STREET ADDRESS 7045 S.W. 95TH COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition GRANA, DAYSMA NAME NAME STREET ADDRESS 7045 S.W. 95TH COURT STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIŤLE ☐ Change ☐ Addition NAME NÅME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 accombe 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 except eithis 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 officers of the composition of the receivers.