FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094425

FILED
02 SEP 12 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
GROSSBERG F SON MEMORIAL CHAPEL, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
6970 STIRLING RD.	6970 STIRLING RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD	City & State: FLORIDA
Zip: 33024 Country: USA	Zip: 33024 Country: USA

4. FEI Number: 2072 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Arthur Grossberg

Street Address (P.O. Box Number is Not Acceptable): 6970 STIRLING RD.

City: HOLLYWOOD FL 33024

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 _____ 9-10-02

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $87.50
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: PRESIDENT/Director / ARTHUR GROSSBERG / 3000 S. OCEAN DR. #6-A / HOLLYWOOD, FLA. 33019	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: 300000173454S--4 -09/13/02--01051--004 ****585.00 ****550.00
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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 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SP

SIGNATURE: _____ 9-10-02 1-800-638-1113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #