

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033839

1. Entity Name

GRAND CENTRAL MANAGEMENT CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 8 AM 11:50

Principal Place of Business 9141 TAFT STREET PEMBROKE PINES FL 33024		Mailing Address 9141 TAFT STREET PEMBROKE PINES FL 33024	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1051 Brickell Plaza #1 Suite, Apt. #, etc.	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
		33131	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1038764		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAMMARCO, VINCENT T 9141 TAFT STREET PEMBROKE PINES FL 33024		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
State Kerricone 15 SE 10th St Miami FL 33131					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/01 01139 024 150.00

0110072

CR25034 (10/00)