

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90117 020 ***158.75

DOCUMENT # **P00000041060**

1. Entity Name

GRDF CORPORATION

Principal Place of Business

Mailing Address

16549 N.W 4th Street **16549 N.W 4th Street**
PENBROKE PINES FL 33028 **PENBROKE PINES FL 33028**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1007793

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RESTREPO GONZALO
16549 NW 4th Street
PENBROKE PINES FL 33028

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

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
 NAME **RESTREPO, GONZALO**
 STREET ADDRESS **16549 N.W 4th Street**
 CITY - ST - ZIP **PENBROKE PINES FL 33028**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
 NAME **VPTD**
 NAME **RESTREPO MARIA E**
 STREET ADDRESS **16549 N.W 4th Street**
 CITY - ST - ZIP **PENBROKE PINES FL 33028**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/24/01 (954) 443-2961

Date

Daytime Phone #

CR2E034 (11/00)

ATTACHMENT

Friday, August 24, 2001

To: Andy Dunlap
Division of Corporation
Uniform Business Report Filings

From: Gonzalo Restrepo

PO00000041060
80063281

Through this I want to notify that the papers for Uniform Business report never been send to me.

I went to an Accounting Office and they let me Know the amount to be pay for the company and also the reports.

I apology for the inconvenient then here I am sending my payments for the year of 2001

Any question contact me (954) 443-2961

Sincerely,


Gonzalo Restrepo