

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000056174

1. Entity Name

JR GRAND INVESTMENTS, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90311 044 ***158.75

725296



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9340 N 56TH ST TEMPLE TERRACE FL 33617	Mailing Address 9340 N 56TH ST TEMPLE TERRACE FL 33617
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2. Principal Place of Business 9340 N. 56TH ST. Suite, Apt. #, etc. SUITE 222-C	3. Mailing Address 6605 Baybrooks Cir. Suite, Apt. #, etc.
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City & State Temple Terrace, FL Zip 33617	Country USA	City & State Temple Terrace, FL 33617 Zip Country
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4. FEI Number 59-3647745	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AFIAT, JEFTA M 6605 BAYBROOKS CIR TEMPLE TERRACE FL 33617
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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 _____
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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$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	PVST AFIAT, JEFTA M 6605 TEMPLE TERRACE TEMPLE TERRACE FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JEFTA M. AFIAT, President Date: 2/27/01 (813) 989 0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR