

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90266 004 \*\*\*150.00

DOCUMENT # P00000069880

1. Entity Name  
**GRANDVIEW LP, INC.**

Principal Place of Business <b>760 NW 107TH AVENUE SUITE 300          MIAMI FL 33176</b>	Mailing Address <b>760 NW 107TH AVENUE SUITE 300          MIAMI FL 33176</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**63-1029528**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**RUBIN, SHELLY  
 760 NW 107TH AVENUE SUITE 300  
 MIAMI FL 33176**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<b>D</b>		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>MILLER, LEONARD</b>	<b>700 NW 107TH AVENUE</b>	<b>MIAMI FL 33172</b>				
	<b>D</b>		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>SAIONTZ, STEVEN J</b>	<b>760 NW 107TH AVENUE SUITE 300</b>	<b>MIAMI FL 33176</b>				
	<b>D</b>		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>MILLER, STUART A</b>	<b>700 NW 107TH AVENUE</b>	<b>MIAMI FL 33172</b>				
			<input type="checkbox"/> Delete		<b>AC</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
					<b>Lieberman, Arthur</b>	<b>760 NW 107 AVE, Suite 300</b>	<b>Miami, FL 33172</b>
			<input type="checkbox"/> Delete		<b>V</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
					<b>Rubin, Shelly</b>	<b>760 NW 107 AVE, Suite 300</b>	<b>Miami, FL 33172</b>
			<input type="checkbox"/> Delete		<b>P</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
					<b>Brasloff, Jeffrey P</b>	<b>760 NW 107 AVE, Suite 300</b>	<b>Miami, FL 33172</b>

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 #1 or Block #2 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

**Arthur J. Lieberman**

**4/19/01**  
 Date

**305/485-2000**  
 Telephone

CR2E034 (10/00)