

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91527 009 ***150.00

DOCUMENT # P000000071821 ✓
1. Entity Name
GRIFFIN CONTRACT RESOURCES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business MIAMI FL
Suite, Apt. #, etc.

3. Mailing Address 7305 BELLE MEANE ISLAND DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI FL
Zip 33138 **Country** USA

City & State
Zip **Country**

4. FEI Number NONE **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 ROSETHAN REYNOLDS RASCO
Street Address (P.O. Box Number is Not Acceptable)
TURNBERRY PARK, SUITE 500
2875 NE 19TH ST
City AVENUE **FL** **Zip Code** 33180

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]
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-22-02
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 \$61.25

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 ROBERT M. GRIFFIN
NAME PRESIDENT
STREET ADDRESS 7305 BELLE MEANE ISLAND
CITY - ST - ZIP MIAMI FL 33138

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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.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

305.759.8331

Date

Daytime Phone #

CR2E034B (12/01)