

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

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

05-01-2002 91521 025 \*\*\*150.00

DOCUMENT # **P00000086360**  
1. Entity Name **GROLL INTERNATIONAL CORP.**

**DO NOT WRITE IN THIS SPACE**

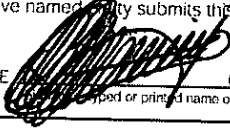
2. Principal Place of Business <b>5850 LAKEHURST DR.</b> Suite, Apt. #, etc. <b>150-9</b>		3. Mailing Address <b>5850 LAKEHURST DR.</b> Suite, Apt. #, etc. <b>150-91</b>	
City & State <b>ORLANDO FL</b>	City & State <b>ORLANDO FL</b>	4. FEI Number <b>59-3675146</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32819</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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7. Name and Address of Current Registered Agent  
Name **ORIVALDO V. CARRIJO JR.**  
Street Address (P.O. Box Number is Not Acceptable) **5542 METROWEST BLVD # 105**  
**ORLANDO**  
City **FL** Zip Code **32811**

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  **ORIVALDO V. CARRIJO JR. - PRESIDENT**  
(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) ☐

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT ORIVALDO V. CARRIJO JR. 5542 METROWEST BLVD # 105 ORLANDO-FL-32811</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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, and all other like empowered.

SIGNATURE:  **ORIVALDO V. CARRIJO JR** 04-18-02 (407) 370-3141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #