

2001 UNIFORM BUSINESS REPORT (UBR)

2/1:

FILED

Mar 07, 2001 8:00 am
Secretary of State

02-15-2001 90039 006 ***150.00

DOCUMENT # P00000113181

1. Entity Name

GRIFFIN ALLIED SERVICES, INC.



Principal Place of Business

**7051 S W 21ST PLACE
DAVIE FL 33317**

Mailing Address

**7051 S W 21ST PLACE
DAVIE FL 33317**

2. Principal Place of Business

7051 SW 21 Place

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Lauderdale FL

City & State

Ft Lauderdale FL

Zip

33317

Country

USA

Zip

33317

Country

USA

4. FEI Number

65-1058052

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

**GRIFFIN, JOHN A III
9145C S W 23RD STREET
FT. LAUDERDALE FL 33324**

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 NAME ☐ Delete
John A Griffin, Jr.
STREET ADDRESS
1501 SE 14th Street
CITY-ST-ZIP
Ft Lauderdale FL 33316

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

TITLE NAME ☐ Delete
John A. Griffin, III
STREET ADDRESS
9145C SW 23 Street
CITY-ST-ZIP
FT Lauderdale FL 33324

TITLE NAME ☐ Change ☐ Addition
V. PRESIDENT
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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 employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01

Date

954 473 5200

Daytime Phone #

CR2E034 (10/00)