2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P00357 Jan 16, 2001 8:00 am **Secretary of State** 1. Entity Name GROSS FAMILY, INC. 01-16-2001 90098 048 ***150.00 Mailing Address Principal Place of Business 254 SAN RON DRIVE **254 SAN RON DRIVE** WEBSTER NITTASSO 549 COUNTY LINE ... WEBSTER NY 14580.... 549 COUMY LINE RA ONTARIO NY 14519-4700 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 16-1186615 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOLDMAN, STEVEN E. Street Address (P.O. Box Number is Not Acceptable) **BRICKELL CONCOURS** 1401 BRICKELL AVE. MIAMI FL 33131 Zip Code City Augus 1980年更快点人会办人。 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PO ANTONIO GROSS JN Change Addition ☐ Delete TITLE TITLE 569 COUNTY LINE Rel ONTARIO, NY 14519-9200 VO ANTONIO GROSS Change Addition GROSS, ANTONIO, JR. NAME NAME STREET ADDRESS 254 SAN RON DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WEBSTER NY ---☐ Delete TITLE 549 COUNTY LINE Rd ONTARIO, NY 14519-9200 GROSS, ANTONIO NAME NAME STREET ADDRESS 254 SAN RON DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WEBSTER NY.... ☐ Addition ☐ Delete TITLE STD TITLE ROSEMARIE H. GROSS GROSS, ROSEMARIE H. NAME NAME 549 COUNTY LINE Rd STREET ADDRESS 254 SAN-RON DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEBSTER NY ☐ Addition ☐ Change ☐ Defete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.