2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P0100005390

1. Entity Name

GRAJALES AND SONS CORPORATION



FILED Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90117 030 ***150.00

}						NE TRE	′					
Principal Place	ce of Business	3		Mailing Address 2202 JOG ROAD				نوادي حساسين	سرحار شدادا			_ ~
GREENACRES FL 33415				GREENACRES FL 33415								
2. Principal P	Diggs of Busin		la uni	line Address								
Z. Principal P	riace of Busin	ess	3. Mai	3. Mailing Address				, 100(1001 1(1) 00101 1(1) 0011(1) 0011(1)	1) 1)(1)(1)	E1 E1144 IIII	19111 9811 1891	
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.					IE MAKINO	OLIANIOES		
								☐ CHECK HERE	IF MAKING	CHANGES	·	
City & Stat	te		City	City & State			4.	FEI Number 65-1082483			pplied For	_
Zìp Country			Zin	Zip Country							lot Applicable	-
							5.	Certificate of Status Desired		8.75 Ac ee Requir		
	6. Name	and Address o	of Current Register	Registered Agent			7. Name and Address of New Registered Agent					
						Name ·					·	
	S, ALBERTO			Street Ado			ss (P.O. Box Number is Not Acceptable)					1
	arack tra	:						·				4
WEST PAL	lm beach f	FL 33406										
						City			FL	Zip Cod	de	1
8. The above	named entity	submits this st	atement for the purp	ose of changing its	s register	 ed office or regis	tered ac	gent, or both, in the State of Fig		 miliar with	and accent	-
	tions of registe			oos or singing in	a regional	ou omoo or rogic		gorn, or oom, in the other of the	Tour Turnit		, and decop.	
SIGNATURE												
SIGNATURE :	Signature, typed o	or printed name of reg	istered agent and title if app	licable. (NO	TE: Registere	ed Agent signature requi	iired when r	reinstating)	DATE			
<u></u>	ILE NOW!!!	FEE IS \$15	50.00						_			1
Afte	r May 1, 200	3 Fee will be	\$550.00	- · · · ·				9. Election Campaign Fin			00 May Be d to Fees	
Make Check Payable to Florida Department of State												
10.	I	OFFIC	ERS AND DIRECTO	D DIRECTORS 11.			ΑC	ODITIONS/CHANGES TO OFF				ړ [
TITLE NAME	D CDA IAL EC	ALDEDTO		☐ Delete	TITL					Change	☐ Addition	0/2
STREET ADDRESS	GRAJALES, 2202 JOG				NAM STRI	EET ADDRESS						17
CITY-ST-ZIP		RES FL 33415	ı			-ST-ZIP						Š
TITLÈ				☐ Delete	TITL	E				☐ Change	☐ Addition	<u>.</u> و
NAME	:				NAM	IE .						١٠
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP					CITY	'-ST-ZIP						_
TITLE				☐ Delete	TITL					Change	☐ Addition	
NAME STREET ADDRESS					NAM							
CITY-ST-ZIP		,				ET ADDRESS - ST-ZIP						
TITLE				☐ Delete	TITL					Change	Addition	1
NAME				· Doloto	NAM					onungo		
STREET ADDRESS	, ,				STRE	ET ADDRESS			•			ļ
CITY-ST-ZIP					CITY	-ST-ZIP						}
TITLE				☐ Delete	TITLI	E				Change	☐ Addition	7
NAME		•			NAM							Ì
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS						
					_	-ST-ZIP						4
TITLE - "				— = Delete ====	≂== TITU NAM			يوينجب شامعون	~ _ _	Change	Addition	- =-
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP						-SŤ-ZIP						1
12. I hereby c	ertify that the	information sur	pplied with this filing	does not qualify for	r the exe	mption stated in !	Section	119.07(3)(i). Florida Statutes. I	further certif	v that the i	nformation	1

12. I nereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

A LOSE RTO GRATALES

<u> 761 3088910</u>