

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

FILED

DOCUMENT # **PO1000014153**

02 JUL 30 AM 11:19

1. Entity Name

GROSSMAN & ASSOCIATES, CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

400006914324--2
-08/06/02--01040--005
*****61.50 *****61.50

2. Principal Place of Business

4704 N. 39 ST

3. Mailing Address

4704 N 39 ST.

Suite, Apt. #, etc.

N.A.

Suite, Apt. #, etc.

N.A.

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

4. FEI Number

651088896

Applied For
Not Applicable

Zip

33021

Country

USA

Zip

33021

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

POMERANZ, MARK - L - ESQ.

Street Address (P.O. Box Number is Not Acceptable)

12955 BISCAYNE BLVD

SUITE 202

City

NORTH MIAMI

FL

Zip Code

33181

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/26/02

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 \$81.25

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	D	TITLE	DELETE
NAME	BRIAN W Grossman	NAME	MYSELF
STREET ADDRESS	4704 N. 39 ST	STREET ADDRESS	
CITY - ST - ZIP	Hollywood, FL 33021	CITY - ST - ZIP	
TITLE	D	TITLE	Add SARA
NAME	SARA Grossman	NAME	AS Director
STREET ADDRESS	4704 N. 39 ST.	STREET ADDRESS	
CITY - ST - ZIP	Hollywood, FL 33021	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

7/26/02

Date

Daytime Phone #

CR2E034B (12/01)

7/26/02