

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC -9 AM 8:01

DOCUMENT # PD1000014153  
1. Entity Name **GROSSMAN & Assoc, Corp**

**DO NOT WRITE IN THIS SPACE**

300009422813  
12/09/02--01089--005 \*\*150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>HOLLYWOOD</b>	City & State <b>FL</b>	4. FEI Number <b>051088896</b>	Applied For Not Applicable
Zip <b>33021</b>	Country <b>USA</b>	Zip <b>33021</b>	Country <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **SARA GROSSMAN**  
Street Address (P.O. Box Number is Not Acceptable) **4704 N. 39 ST. SAME**  
City **HOLLYWOOD** FL Zip Code **33021**

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)

DATE **12/6/02**

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 \$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 SARA GROSSMAN 4704 N 39 ST HOLLYWOOD, FL 33021</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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/6/02**

Date

**9549875802**

Daytime Phone #

CR2E034B (12/01)