2002 Uniform Business Report (UBR)

FILED May 21, 2002 8:00 am Secretary of State

DOCUMENT # P01000016279 1. Entity Name					Secretary of State 04-16-2002 90056 036 ***150.00				
GRANDI	E 2002, INC.				V.				
					1				
Principal Pl	ace of Business	Mailing Address							
910 NORTH MIAMI BEAC	venetian drive 24 FL 33139	910 NORTH VENETIAN DRIV MIAMI BEACH FL 33139	ľΕ						
2. Principal	Place of Business Se 18/ AVE	3. Mailing Address	18/	Avo-		* * * * * * * * * * * * * * * * * * *	And the second s		
Suite, Ap		Suite, Apt. #, etc.	loon	7 00		DO NOT WRITE I	N THIS SPACE		
City & St		City & State	r/	4	I. FEI Number	2144		Applied For	
33	Country Country	Zin 3 3 / 3 /	Country	1 5			\$8.75	Additional	
	6. Name and Address of Current F	Registered Agent		7.	. Name and Addr	esa of New Regi		ired	
CERMAN					AG.	75/630	FER	1200	
}	dez, mariana Th venetian drive	Street	Address (P.O	. Box Number is N	ot Acceptable)	110	772		
MIAMI BE	EACH FL 33139	Country							
		·	_ <i>[</i> '		;			3°, 3/	
8. The abov	e named entity submits this statement for	the purpose of changing its re	gistered office	or registered a	agent, or both, in the	ne State of Florida	<u> </u>		
SIGNATURE	Signature: hoped or printed name of recisioned agent on	10/edo	enistered & next since			<u> </u>	29/02		
9 This corr		-, /			Treatstating)		WATE 7		
Tax filing	requirement and elects to do so, eria on back)	After May 1, 2002 Make Check Payable	Fee will be :	550.00					
11.				Α	DDITIONS/CHAN	GES TO OFFICER	S AND DIRECTO	RS IN 11	
TITLE NAME	PTD Fernandez, Mariana	Delete Delete						Addition	
STREET ADDRESS CITY-ST-ZIP	910 NORTH VENETIAN DRIVE MAMI BEACH FL 33139		STREET ADDRESS	41:	, , , , ,				
TITLE	SVD	Delete	TITLESV	Clau	DIO JAV	Ter LIN	AROP Change	Addition	
NAME STREET ADDRESS	FERNANDEZ, MERCELO 1910 NORTH VENETIAN DRIVE		NAME ' Street address			8t Av		,	
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP	Mi	AMI	FL 3	3/3/		
TITLE NAME		☐ Delete	name				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
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TITLE NAME		☐ Delete	TITLE NAME		-		☐ Change	Addition	
STREET ADDRESS			STREET ADORESS	1					
CITY-ST-ZIP	artify that the information cumuling with the	Office does not as 4% to 44	CITY-ST-ZIP						
indicated of the corp	ertify that the information supplied with the on this report or supplemental reports try poration or the receiver or trusted in parts	e and accurate and that my si red to execute this report as re	exemption state gnature shall he equired by Cha	ed in Section ave the same opter 607, Flori	תיקש.07(3)(i), Florid legai effect as if m ida Statutes; and th	a Statutes. I furthe ade under oath; ti nat my name appu	ar certify that the in hat I am an officer pars in Block 11 o	nformation or director	