

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90140 024 ***150.00

DOCUMENT # P01000025234

1. Entity Name

GRAND ESTATES BUILDING & DESIGN, INC.

Principal Place of Business

**2130 SUNTRUST INTERNATIONAL CENTER
 ONE SOUTHEAST THIRD AVENUE
 MIAMI FL 33131**

Mailing Address

**2130 SUNTRUST INTERNATIONAL CENTER
 ONE SOUTHEAST THIRD AVENUE
 MIAMI FL 33131**

2. Principal Place of Business

141 NW 20th ST

3. Mailing Address

141 NW 20th ST

Suite, Apt. #, etc.

B-5

Suite, Apt. #, etc.

B-5

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33431

Country

USA

Zip

33431

Country

USA

4. FEI Number

65-1110764

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**COPROLITE CORPORATION
 2130 SUNTRUST INTERNATIONAL CENTER
 ONE SOUTHEAST THIRD AVENUE
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

**Name: CHAPIN ARMSTRONG + BALKEMBO
 Street Address (P.O. Box Number is Not Acceptable):
 1201 GEORGE BUSH BLVD
 City: DELRAY BEACH FL Zip Code: 33483**

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]

STUART WEXELMAN

4/3/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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	<input type="checkbox"/> Delete
NAME	WEXELMAN, HOWARD	
STREET ADDRESS	141 N.W. 20TH STREET SUITE B-5	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEXELMAN, HOWARD	
STREET ADDRESS	141 N.W. 20 STREET, SUITE B-5	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEXELMAN, STUART	
STREET ADDRESS	141 N.W. 20 STREET, SUITE B-5	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

[Signature] **HOWARD WEXELMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 2 2002

561 702 6969

Date

Daytime Phone #

CR2E034 (9/01)