2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1701

10 VENETIAN WAY

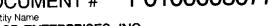
P01000030773 **DOCUMENT #**

1. Entity Name GRASP ENTERPRISES, INC.

Principal Place of Business

10 VENETIAN WAY

1701





FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90816 046 ***150.00



MAMI BEACH FL 33139		MIAMI BEACH FL 33139								
Principal Place of Business		3. Mailing Address				(1981/1981 14) 88181 1491 8811 8811				
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FE	65-1085694		<u> </u>	lied For Applicable		
Zip	Country Zip C		Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
BELLUONINI, FRANCESCA				Name BELLUOMINI, FRANCESCA Street Address (P.O. Box Number is Not Acceptable)						
-10-VENETI/	AN-WAY									
APT 1701									_	
MIAMI BEA	CH FL 33139		City			FL	Zip Code			
8. The above named entity stands this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Fair fairman with, and accept the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FI After			Election Campaign Finar Trust Fund Contribution.	ncing		May Be to Fees				
Make Check Payable to Florida Department of State						L DITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTORS	.IN 11	
10.	OFFICERS AND		11.			OTTONA/OTT/ARGED TO ONLINE		☐ Change	Addition	
TITLE TO NAME STREET ADDRESS CITY-ST-ZIP	D BELLUOMINI, FRANCESCA 10 VENETIAN WAY APT 1701 MIAMI BEACH FL 33139	☐ Delete								
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition	
TITLE NAME STREET AODRESS		☐ Delete	ST	LE ME REET ADDRESS IY-ST-ZIP				Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		Delete	NA ST	ME REET ADDRESS TY-ST-ZIP				☐ Change	Addition	
CITY-ST-ZIP TITLE NAME		☐ Delete	TI'	TLE AME REET ADDRESS		, , , , , , , , , , , , , , , , , , , ,		Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	CI TI	TY-ST-ZIP TLE AME				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied	Nh this filling does not qualify	ST CI	TREET ADDRESS TY-ST-ZIP	n Section	119.07(3)(i), Florida Statutes. I	further cer	tify that the i	nformation	

I hereby certify that the information supplied with this filling 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 strue 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 employered 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 attached with an address, with all other like empowered.

SIGNATURE: