

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-29-2002 90726 032 ***150.00

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DOCUMENT # P01000055333

1. Entity Name

F & L GRANT EMPLOYMENT RESEARCH, CO

Principal Place of Business

**100 NE 6 AVE LOTE 820
 HOMESTEAD FL 33030
 US**

Mailing Address

**100 NE 6 AVE LOTE 820
 HOMESTEAD FL 33030
 US**

B0122568



2. Principal Place of Business

10713 SW 225 ST

Suite, Apt., etc.

3. Mailing Address

10713 SW 225 ST

Suite, Apt., etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

Zip

33170

Country

USA

City & State

MIAMI FL

Zip

33170

Country

USA

4. FEI Number

65-1109588

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRANT, FERNANDO F
 100 NE 6 AVE LOTE 820
 HOMESTEAD FL 33030**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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	P	<input type="checkbox"/> Delete
NAME	GRANT, FERNANDO F	
STREET ADDRESS	100 NE 6 AVE LOTE 820	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRANT, LOURDES J	
STREET ADDRESS	100 NE 6 AVE LOTE 820	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 of Fernando F. Grant]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)