

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90049 039 ***150.00

DOCUMENT # PO1000056815 ✓

1. Entity Name

GRASAT GROUP INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1600 NW 4 AVE

Suite, Apt. #, etc.

3. Mailing Address

1600 NW 4 AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State DELRAY BEACH FL

City & State DELRAY BEACH FL

4. FEL Number

65-1110962

Applied For
Not Applicable

Zip 33444-3112

Country USA

Zip 33444-3112

Country USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

REBECCA RECONNU GRAINGER

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

1600 NW 4 AVE

City DELRAY BEACH

FL

Zip Code 33444-3112

**DO NOT WRITE
IN THIS SPACE**

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

Rebecca Grainger

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

(NOTE: Registered Agent signature required when reinstating)

20 APRIL 2002

DATE

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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE REBECCA RECONNU GRAINGER
NAME
STREET ADDRESS 1600 NW 4 AVE DELRAY BEACH 33444
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE JOY SATTER LEE
NAME 205 ALHAMBRA
STREET ADDRESS NOLLYWOOD FL 33021
CITY - ST - ZIP

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:

Rebecca Grainger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REBECCA GRAINGER

Date

Daytime Phone #

561 765 9711

CR2E034B (12/01)