CR2E034 (9/01

305-3770390

FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment w

SIGNATURE:

## Mar 25, 2002 8:00 am P01000080497 **Secretary of State** DOCUMENT # 1. Entity Name 03-25-2002 90126 002 \*\*\*150.00 GRAND DEVELOPERS HOLDING CORP. Principal Place of Business Mailing Address 25 SE 2ND AVENUE SUITE 900 25 SE 2ND AVENUE SUITE 900 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 1101 BRICEGE WE 3. Mailing Address Şuite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SOUTH TOUGO MITE City & State City & State 4. FEI Number Applied For TUATU ti stu Not Applicable Country 31 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MURAI, WALD, BIONDO & MORENO, P.A. Street Address (P.O. Box Number is Not Acceptable) 25 SE 2ND AVENUE SUITE 900 MIAMI FL 33131 City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00. 9. This corporation is eligible to satisfy its intangible. 10. Election Campaign Financing= -\$5:00 May Be Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. LUIS A. ORTEGA DIRRITOR Delete TITLE Change ☐ Addition NAME 1101 BRICKELL ME\_ SUITE 400-S NAME STREET ADDRESS STREET ADDRESS Misori FL 33131 CITY-ST-7IP CITY-ST-ZIP JORGE CRITEGA, DIRECTOR - Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME 1101 BRICKELL NUC - SUITE 400-S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MUATU EL 33131 CITY-ST-ZIP TITLE JORGE ONTEGA ENDRADE, SIRECTOR ☐ Change ☐ Addition NAME NAME 1101 BRICKELL SUE-SUITE 400-5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP this filing toos not qualify for the exemption stated in Section 119.07(3)(I). Florida Statutes. I further certify that the information must and decorate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director were to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee graph.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR