

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

AMENDED

FILED

02 MAY 23 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000084813**

1. Entity Name

GRUMAX, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7701 SW 62 AVE

2ND FLOOR

SOUTH MIAMI FL

33143

USA

3. Mailing Address

7701 SW 62 AVE

2ND FLOOR

SOUTH MIAMI FL

33143

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1137879**

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **ELLIOTT J. GELFAND**

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

10691 N. Kendall Dr #311

City **MIAMI**

FL

Zip Code **33176**

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]

ELLIOTT J. GELFAND

5/15/02

(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) ☐

**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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P/D**
NAME **PETER BAUGH**
STREET ADDRESS **7701 SW 62 AVE 2ND FLOOR**
CITY- ST- ZIP **SOUTH MIAMI FL 33143**

TITLE **VP/D**
NAME **WILHELM ROEDENBECK**
STREET ADDRESS **7701 SW 62 AVE 2ND FLOOR**
CITY- ST- ZIP **SOUTH MIAMI FL 33143**

TITLE **D**
NAME **JESUS M.L. ROSAS**
STREET ADDRESS **7701 SW 62 AVE 2ND FLOOR**
CITY- ST- ZIP **SOUTH MIAMI FL 33143**

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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER BAUGH

5/16/02

305-667-8858

Date

Daytime Phone #

CR2E034B (12/01)