FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2002 8:00 am
Secretary of State
05-21-2002 91140 042 ***150.00

DOCUMENT # P01000101906

1. Entity Name
GRAPSA CORP.

DO NOT WRITE IN THIS SPACE

93088

2. Principal Place of Business	3. Mailing Address
1400 NE 169 ST	
Suite, Apt. #, etc. B3 #112	Suite, Apt. #, etc.
City & State MIAMI FLORIDA	City & State
Zip 33162 Country US	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1145904 ☐ 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 FERNANDO CHAVEZ
Street Address (P.O. Box Number is Not Acceptable)
1400 NE 169th St. Bldg 3-112
City MIAMI **FL** Zip Code 33162

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 FERNANDO CHAVEZ 04.29.2002
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	PSD	TITLE	
NAME	FERNANDO CHAVEZ	NAME	
STREET ADDRESS	1400 NE 169 ST. BLDG 3-112	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL. 33162	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

3. 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: FERNANDO CHAVEZ 04.29.2002 3059409577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TRAVELERS EXPRESS COMPANY, INC. DRAWER
P.O. BOX 9476
MINNEAPOLIS, MN 55480
1-800-542-3590

DATE/AMOUNT

9910505701
114 NN
04/30/02
$150.00
948444233190001
42

KEEP THIS STUB FOR YOUR RECORDS

PLEASE SEE ITEMS ON REVERSE SIDE

EMPLOYEE

9910505701 8

▼DETACH HERE▼

RATION
PORT (UBR)

S SPACE

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Name

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

City **FL** Zip Code

Hialeah Inc
#P01000019986
9/30/87