

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90811 049 ***150.00

DOCUMENT # *PD 1000 101906*

1. Entity Name

Grapsa Corp.



DO NOT WRITE IN THIS SPACE

10095552

2. Principal Place of Business

309 SE 2nd St

3. Mailing Address

309 SE 2nd St

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

1

City & State

Hallandale, FL

City & State

Hallandale FL

4. FEI Number

65-1145904

Applied For

Not Applicable

Zip

33009

Country

U.S.A

Zip

33009

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Fernando Chavez

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

309 SE 2nd St.

City

Hallandale

FL

Zip Code

33009

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*P/S & D
Fernando Chavez
309 SE 2nd St #1
Hallandale, FL 33009*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/03

954-457-7911

CR2E034B (12/02)