

5/16/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State

05-16-2002 90088 027 ***150.00

DOCUMENT # P01000112724

1. Entity Name

GRANDVILLE INTERNATIONAL CORP.

Principal Place of Business

1250 S. POWERLINE RD.
DEERFIELD BEACH FL 33442

Mailing Address

1250 S. POWERLINE RD.
DEERFIELD BEACH FL 33442

2. Principal Place of Business

700 NW 33RD St.

3. Mailing Address

700 NW 33RD St.

(Suite) Apt. #, etc.

290 B

(Suite) Apt. #, etc.

290 B

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33064

Country

USA

Zip

33064

Country

USA

4. FEI Number

65-0828435

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KALISH, ERROL

1250 S. POWERLINE RD.
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name

Kalish, Errol

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

700 NW 33 Street

Suite 290 B

City

Pompano Beach

FL

Zip Code

33064

8. The above named entity certifies 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.

(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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP | 0 KALISH, ERROL 1250 S. POWERLINE RD. DEERFIELD BEACH FL 33442 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Kalish, Errol 700 NW 33RD St. Suite 290 B Pompano Beach, FL 33064 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 Block 12 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)