2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000030953

1. Entity Name G.R.D. INVESTMENTS, INC.



FILED Feb 20, 2003 8:00 am Secretary of State

02-20-2003 90133 039 ***150.00

	ı				WE TO				
Principal Place of Business 1400 NE 42ND STREET OAKLAND PARK FL 33334			Malling Address 1400 NE 42ND STREET OAKLAND PARK FL 33334			LICENSE LIFEREN STREET STREET	tips tell balen anal		
2 Principal	Place of Busin	2000	La Merce d'il	- <u>. </u>					
, E. Timoipai	i ace of busin	1622	3. Mailing Address			t imprime tit metre (their metri metri metri	164 iilii 68ilê 1613	II BIIDD III3 001	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 75 - 3036040		Applied For	
Zip Country		Zip	Country Country		5. Certificate of Status Desired	\$8.75 A	Not Applicable dditional		
	6. Name	and Address of Currer	nt Registered Agent			7. Name and Address of New Registers	Fee Requi	red	
	~~~	ಈ ಎಕ್ಕಾರ್ಯ.			Name	7. Name and Address of New Register	20 Agent		
DOWSET	t, gail r								
1400 NE 42ND STREET Street						ddress (P.O. Box Number is Not Acceptable)			
"OAKLAND	PARK FL 3	3334		<u> </u>	<del></del>			·	
Ci							· .		
8. The above	a named entity	submits this statement	for the purpose of changing	n its registero	•	ed agent, or both, in the State of Florida. I a	Zip Co		
the obliga	tions of registe	ered agent.	in the perpose of offeriging	g no registerer	d office of registers	ed agent, or both, in the State of Florida. Ta	m tamiliar with	i, and accept	
?' SIGNATURE	· }								
OIGNATOTIC		or printed name of registered agen	nt and title if applicable. (	NOTE: Registered	Agent signature required	when reinstating) DATI			
} oin F	ILE NOW!!!	FEE IS \$150.00	·	<del></del>	<del></del>	57	<del>-</del>		
		3 Fee will be \$550.00	,			9. Election Campaign Financing	\$5.0	00 May Be	
Make Checl	k Payable to	Florida Department	of State			Trust Fund Contribution.		d to Fees	
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTOR	20 151 44	
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In 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 Block 11 if changed, or on an attackment with a address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-03 (954-563-008)