

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91769 018 ***150.00

0345770 AV

DOCUMENT # P02000031807

1. Entity Name

THE GRAND OF CORAL RIDGE, INC.



Principal Place of Business

**488 SW 5 AVE
FT LAUDERDALE FL 33315**

Mailing Address

**488 SW 5 AVE
FT LAUDERDALE FL 33315**

2. Principal Place of Business

1937 E Atlantic BLV

Suite, Apt. #, etc.

#12

City & State

POM PANU BEACH, FL

Zip

33060

Country

3. Mailing Address

1937 E. Atlantic BLV

Suite, Apt. #, etc.

#12

City & State

POM PANU BEACH, FL

Zip

33060

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3635319

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WAGNER ROSEN, EVE

333 NE 2 ST STE 101

FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D <input checked="" type="checkbox"/> Delete SCHOENTHAL, ROBERT MICHAEL 488 SW 5 AVE FT LAUDERDALE FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SEGRAVES, KATHERINE E 488 SW 5 AVE FT LAUDERDALE FL 33315
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR & PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHAIM ABADI 1937 E ATLANTIC BLV #12 POM PANU BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JAMES. H. BEESON, JR 1937 E ATLANTIC BLV #12 POM PANU
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/2003
Date

9549664007
Daytime Phone #

CR2E034 (10/02)