

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 JUL 18 PM 2:53

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000124095			
1. Entity Name GRAND PALMS INVESTMENTS INC.			
Principal Place of Business 405 NE 2ND AVE HALLANDALE, FL 33009 BR		Mailing Address 405 NE 2ND AVE HALLANDALE, FL 33009 BR	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent VAHNEISH, MORRIS 405 NE 2ND AVE HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Name DIA Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
5. 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 <i>[Signature]</i>		DATE 7/15/03	
8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(5)(b), Florida Statutes. I further certify that the information included 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 507, Florida Statutes; and that my name appears in block 10 or block 11 if changed, or on an attachment with an affidavit, with an affidavit empowers.			
SIGNATURE: <i>[Signature]</i>		DATE 7/15/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

400021745444
07/23/03--01048--030--**550.00



☐ CHECK HERE IF MAKING CHANGES

MRD

CRP0304 (1/002)