Pg 1 of 3

02-20-2004 90014 011 ***150.00
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FILED
04 MAR 15 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION .
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000126440

1. Entity Name
GRAND VIEW PALACE BUSINESS CEN

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 94018540 03-04

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
7601 EAST TREASURE DR		7601 East Treasure DR	
Suite, Apt. #, etc. CU 15		Suite, Apt. #, etc. CU 15	
City & State NORTH BAY VILLAGE		City & State NORTH BAY VILLAGE	
Zip 33141	Country USA	Zip 33141	Country

4. FEI Number 20-6533609 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name DAN GORELL
Street Address (P.O. Box Number is Not Acceptable)
7601 EAST TREASURE DR CU 15
City NORTH BAY Village FL Zip Code 33141

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.

SIGNATURE _____ DATE
(Signature (typed or printed name) of registered agent and title if applicable) (NOTE: Registered Agent Signature required when withdrawing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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 VP NAME DAN GORELL STREET ADDRESS 7601 EAST TREASURE DR #14 CITY-ST-ZIP 33141 NORTH BAY Village	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE P NAME Henri CHOW STREET ADDRESS 7601 EAST TREASURE DR CITY-ST-ZIP N. BAY Village FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE S NAME Lionel Casey STREET ADDRESS 7601 E. TREASURE DR CITY-ST-ZIP N. BAY VILLAGE FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Henri Chow 02/17-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Disclosure Filed

Attachment

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P02000126440
94018540

AFFIDAVIT

BE IT ACKNOWLEDGED, that **Keni Chow** of **North Bay Village**, Florida, the undersigned deponent, being of legal age, does hereby depose and say under oath as follows:

I did not receive by mail or any other mode any notifications from the Division of Corporation pertaining to the 2003 Corporate Annual Report.

And I affirm that the foregoing is true except as to statements made upon information and belief, and as to those I believe them to be true.

Witness my band under the penalties of perjury this 17th day of February, 2002.

Keni Chow
Name

7601 E Treasure Dr #405
Address

N. Bay Village FL 33141

STATE OF FLORIDA
COUNTY OF DADE

On February 17, 2004 before me, Sophia Lima, personally appeared Keni Chow, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is in his/her authorized capacity, and that by his/her signature on this instrument the person, or entity upon which this person acted, executed this instrument. WITNESS my hand and official seal.

Sophia Lima

Sophia Lima

NOTARY PUBLIC STATE OF FLORIDA
SOPHIA LIMA
MY COMMISSION # DD 286409
EXPIRES: February 15, 2008
Bonded Thru Budget Notary Services

Affiant ____Known ✓ Unknown Organization
ID Produced FL Dur License C000-506-49-954-0