

PS 1073

02-20-2004 90014 011 ***150.00
FILED P02000126440

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

04 MAR 15 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000126440
 1. Entity Name
GRAND VIEW PALACE BUSINESS CEN

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-04
94018540

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

3. Mailing Address
7601 EAST TREASURE DR
 Suite, Apt. #, etc.
CU 15
 City & State
NORTH BAY VILLAGE
 Zip
33141 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-6533609 Applied Fee
 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 _____
Separate, signed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when applicable)

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>DAN GORELL</u> <u>7601 EAST TREASURE DR M19</u> <u>33141 NORTH BAY VILLAGE</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>600030303136</u> <u>03/11/04-01037-001 ***150.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>KENI CHOW</u> <u>7601 EAST TREASURE DR</u> <u>N. BAY VILLAGE FL 33141</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Lionel Casey</u> <u>7601 E. TREASURE DR</u> <u>N. BAY VILLAGE FL 33141</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Keni Chow 02/17-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E0348 (1/2/01)

Attachment

PS 2093

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 hand 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



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