

FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90094 012 ***150.00

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

DOCUMENT # **P02000127305**

1. Entity Name

**GRANITE KITCHENS OF SATELLITE
BEACH, INC.**



DO NOT WRITE IN THIS SPACE

90138589

2. Principal Place of Business

1246 Hwy A1A

3. Mailing Address

1246 Hwy A1A

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

SATELLITE BEACH 32937

City & State

SATELLITE BEACH

4. FEI Number

32-0045283

Applied For

Not Applicable

Zip

32937

Country

U.S.A.

Zip

32937

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MOSEY HERNANDEZ

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

2701 SOUTH BAYSHORE DRIVE

City

COCONUT GROVE, Florida

FL

Zip Code

33133

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

Mosey Hernandez

Mosey Hernandez

4/27/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when filing statement.)

DATE

January 1 to May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
**DPST
PORTUONDO A. CARLOS
6411 S.W. 18TH ST. MIAMI FL 33155**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE:

Carlos A. Portuondo

CARLOS A. PORTUONDO

03/14/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 970 5009

DATE

DEPT. PHONE

CR2E034B (12/02)