

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000059759

1. Entity Name

GROSSE POINTE WOODWORKING, INC.

FILED

Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90280 003 ***150.00

Principal Place of Business

2520 NORTHWEST 16TH LANE
BAY 1
POMPANO BEACH FL 33064

Mailing Address

2520 NORTHWEST 16TH LANE
BAY 1
POMPANO BEACH FL 33064

709398



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1222 HILLSBORO MILE

3. Mailing Address

1222 HILLSBORO MILE

Suite, Apt. #, etc.

11

Suite, Apt. #, etc.

11

City & State

HILLSBORO BEACH FL

City & State

HILLSBORO BEACH FL

4. FEI Number

65-0424876

Applied For

Not Applicable

Zip

33062

Country

BROWARD

Zip

33062

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE SOSTOA, ROBERT J
5523 NORTHWEST 41ST AVENUE
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name

DE SOSTOA, ROBERT J.

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

1222 HILLSBORO MILE #11

City

HILLSBORO BEACH

FL

Zip Code

33062

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 ☐ Delete
NAME D
STREET ADDRESS DE SOSTOA, ROBERT J
CITY-ST-ZIP 5523 NORTHWEST 41ST AVENUE
COCONUT CREEK FL 33073

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1222 HILLSBORO MILE #11
CITY-ST-ZIP HILLSBORO BEACH, FL 33062

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01

Date

(954) 695-8197

Daytime Phone #

CR2E034 (10/00)