

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000063604

1. Entity Name

GRIP DEVELOPMENT, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90084 009 ***150.00

Principal Place of Business

Mailing Address

110 E ATLANTIC AVE.
STE 325
DELRAY BCH FL 33444
US

110 E ATLANTIC AVE.
STE 325
DELRAY BCH FL 33444-3748
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0448185**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARDO, JEFFREY J
257 EAST RIVO ALTO DRIVE
SUITE 210
MIAMI BEACH FL 33139

Name **GARY D. RUBIN**
Street Address (P.O. Box Number is Not Acceptable)

2672 Timbercreek Circle

City **BOCA RATON**

FL

Zip Code **33431**

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

Gary D. Rubin, President

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/00

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, 2000 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 **D** ☐ Delete
NAME **RUBIN, GARY**
STREET ADDRESS **2672 TIMBERCREEK CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D** ☐ Delete
NAME **PARDO, IRA**
STREET ADDRESS **2672 TIMBERCREEK CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **S** ☐ Delete
NAME **PARDO, JEFFREY**
STREET ADDRESS **257 EAST RIVO ALTO DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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:

Gary D. Rubin **GARY D. RUBIN President**

Date

Daytime Phone #

1/17/00 (561) 266-9955