2001 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P9400006261 1. Entity Name THE GRAND GROUP, INC. 04-17-2001 90076 027 ***150 00 Principal Place of Business Mailing Address 2240 SW 16TH PL: 1500 PASLAY PL. MANALAPAN FL 33462 BOCA RATON FL 33436 UŜ 2. Principal Place of Business 3. Mailing Addres DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & Sta 4. FEI Number 65-0474711 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent - 7. Name and Address of New Registered Agent --- -Arm STRONG COPROLITE CORPORATION Street Address (P.O. Box Number is Not Acceptable) ONE S.E. 3RD AVE. SUITE 1400-A NE ·1201 **MIAMI FL 33131** Zip Code 🛂 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition CR2E034 (10/00) Change TITLE Delete TITLE NAME NAME WEXELMAN, HOWARD STREET ADDRESS STREET ADDRESS 1500 PASLAY PL CITY-ST-ZIP CITY-ST-ZIP MANALAPN FL ☐ Addition TITLE □ Delete TITLE NAME WEXELMAN, STUART NAME STREET ADDRESS 1500 PASLAY PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MANALAPN FL · Addition TITLE TITLE ---☐ Delete -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ampowered 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. 0580 SIGNATURE: