

DOCUMENT # P94000031264

1. Entity Name

GRAMTRUST HOLDINGS U.S., INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90143 001 ***300.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

877 EXECUTIVE CENTER DR. W.

3. Mailing Address

877 EXECUTIVE CENTER DR. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

303, GLADES BLDG.

303, GLADES BLDG

City & State

City & State

ST. PETERSBURG, FL

ST. PETERSBURG, FL

Zip

Country

Zip

Country

33702

USA

33702

USA

4. FEI Number

59-3240268

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

Name

ERNEST L. MASCARA

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

Suite 303, The GLADES BLDG

877 EXECUTIVE CENTER DR. W.

City

ST. PETERSBURG, FL

FL

Zip Code

33702

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/04/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVST
GRESBAN, PAUL E
675 RIVERBEND DRIVE
KITCHENER ON ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VOP
PETERS, MCKAY
6294 BAHIA DEL MAR, UNIT 113-N
ST PETERSBURG FL 33715 ☐ Delete

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

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

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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/00 866-2014