FOR PROFIT CORPORATION 2004
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90494 013 ***150.00

DOCUMENT # P94000047665

1. Entity Name
GROUPER FINANCIAL, INC.

DO NOT WRITE IN THIS SPACE

54039588

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2. Principal Place of Business	3. Mailing Address
1110 BRICKELL AVE,	
Suite, Apt. #, etc. PENTHOUSE ONE	Suite, Apt. #, etc.
City & State Miami FL	City & State
Zip 33131 Country MIAMI-DADE	Zip Country

4. FEI Number 65-0501009 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name

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

City **FL** 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: _____ (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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P/D	TITLE	
NAME	SCOTT A. SILVER	NAME	
STREET ADDRESS	1110 BRICKELL AVE	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PENTHOUSE ONE	TITLE	
NAME		NAME	
STREET ADDRESS	MIAMI, FL 33131	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	CEO, V.P. + DIRECTOR	TITLE	
NAME	FREDRIC M. GARVEH	NAME	
STREET ADDRESS	1110 BRICKELL AVE	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PENTHOUSE ONE	TITLE	
NAME		NAME	
STREET ADDRESS	MIAMI, FL 33131	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: _____ 4/19/04 305/377-8802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #