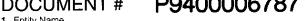
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P94000067871





**FILED** Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90131 019 \*\*\*150.00

GRADOLF CORP.		
Principal Place of Business 14307 SW 142 ST MIAMI FL 33186	Mailing Address 14307 SW 142 ST MIAMI FL 33186	• • • • • • • • • • • • • • • • • • • •
2. Principal Place of Business	3. Mailing Address	

14307 SW 142 ST MIAMI FL 33186				14307 SW 142 ST MIAMI FL 33186 3. Mailing Address								
2. Principal Place of Business		3. Mailing Ad	-									
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
City & State			City & State	City & State			4. FEI Number 65-0532837			oplied For ot Applicable		
Zip		Country	Zip		Country		5. Certificate of Status Desired			ditional ed		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent								
<u>.</u>					Name							
MACLI, GUSTAVO			Street A	Street Address (P.O. Box Number is Not Acceptable)								
14307 SW					<u> </u>							
MIAMI FL	33186				• City			<u> </u>	FL Zip Coo	ie		
SIGNATURE .	ILE NOW!	or printed name of registered.  If FEE IS \$150.00  Fee will be \$550  Florida Department	0.00	(NOTE	:: Registered Agent signa	ture required v	- 9. Election	Campaign Financin		OO May Be d to Fees		
	rayable it				<b>1</b> 44		ADDITIONS/CHAI	NGES TO OFFICER	S AND DIRECTOR	RS IN 11		
10.		OFFICERS	AND DIRECTORS		11,	7704	4 4 4	····		Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACLI, GI 14307 SW MIAMI FL		С	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ma. 100	cli, su cli, su cai, f	5/AVO, A 142 PL L 33/1	1. Ly change 86 .	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			C	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			С	] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition		
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TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREET ADDRESS			• .	☐ Change	Addition		

CITY-ST-ZIP CITY-ST-ZIP 12. 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 recute this report of equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all ther like empowered.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



☐ Delete

Change

☐ Addition