

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

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90188 049 \*\*\*150.00

**DOCUMENT # P95000019097**



**1. Entity Name**  
**GRAVAZ, INC.**

**Principal Place of Business**  
**9690 N.W. 25TH ST.**  
**MIAMI FL 33172**

**Mailing Address**  
**9690 N.W. 25TH ST.**  
**MIAMI FL 33172**

**2. Principal Place of Business**  
**2645 S. BAYSHORE DR.**  
**Suite (Apt) #, etc. 404.**

**3. Mailing Address**  
**2645 S. BAYSHORE DR.**  
**Suite (Apt) #, etc. 404.**

**City & State**  
**COCONUT GROVE, FL.**  
**Zip 33133.**  
**Country MIAMI.**

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**COCONUT GROVE, FL.**  
**Zip 33133.**  
**Country MIAMI.**

**4. FEI Number** **65-0565682**

**Applied For**  
**Not Applicable**

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

☐ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**BERNSTEIN, JEFFREY A ESQ.**  
**100 N. BISCAYNE BLVD., SUITE 1707**  
**MIAMI FL 33132**

**7. Name and Address of New 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DPST	GRANADOS, JORGE E.	9690 N.W. 25 ST.	MIAMI FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DPST	GRANADOS, JORGE E.	2645 S. BAYSHORE DR, APT 404.	COCONUT GROVE, FL. 33133.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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 execute this report as required 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 other like empowered.**

**SIGNATURE:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-26-03 (954) 6327022

CR2E034 (10/02)