2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9500022101 1. Entity Name "LE GRAND INVESTMENT GROUP INC."							Nlay 14, 2002 8:00 an Secretary of State 05-14-2002 90260 001 ***150.00 05-14-2002 90260 002 *****8.75				
)	ace of Busines SHORE DRIVE	s	Mailing Address 1717 N BAYSHORE DRIVE SUITE 208 MIAMI FL 33132						1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1681 (48) (51)	
2. Principal Place of Business 150 Alhambra Circle Suite, Apt. #, etc. Suite 800 City & State			3. Mailing Address 150 Alhambra Circle Suite, Apt. #, etc. Suite 800 City & State			DO NOT WRITE IN THIS SPACE					
Coral Gables, FL Zip Country			Coral Gables, FL			4. FEI Numb	65-0565673			Applied For Not Applicable	
33134	0.11	USA and Address of Current I	33134	USA			of Status Desired	×	\$8.75 Ac Fee Requir	ed aditional	
<u> </u>			7. Name and	Address of New I	Registered	Agent					
S & K PR 1717 N B SUITE 20	Name Street 150	K P	roperty .O. Box Numbe ambra C	Managem er is Not Acceptabl circle	ent,	Inc.					
MIAMI FL	33132		Suite 80 City Coral G			ahlag		F!	Zip Coo	de	
SIGNATURE	Y. s.	submits this statement for	the purpose of changing its	registered office	or registere Cartay	d agent, or bot	h, in the State of Flo		04/29/		
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, 2002 Fee will be \$550.00 Make Check Payable to Department of Stat			T	ction Campaign Fir st Fund Contributio		\$5.0 Added	00 May Be d to Fees	
	1	OFFICERS AND D	IRECTORS	12.		ADDITIONS/0	CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	PD BUCKREUS 1717 N BAY MIAMI FL 3	SHORE DRIVE SUITE 2	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	150 Cora	Alhamb	ra Circle	-	☑ Change ite 80	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Cartaya, I 1717 N Bay Miami FL 33	SHORE DRIVE SUITE 2	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	150	Alhambi	ra Circle		Change	☐ Addition	
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TITLE NAME STREET ADDRESS		7	☐ Delete	TITLE NAME STREET ADDRESS			<u> </u>		☐ Change	☐ Addition	

CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 🛁

Lidia Cartaya, VP SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

04/29/02 (305) 476-0955