

B0123365

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

DOCUMENT # PA5000049979 ✓
 1. Entity Name
G. R. H. ANTIBUES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>ORLANDO</u> <u>12738 TOPSFIELD DR FL32837</u>	3. Mailing Address <u>12738 TOPSFIELD DR</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>ORLANDO FL</u>	City & State <u>ORLANDO FL</u>	4. FEI Number <u>69-3335933</u>	Applied For <input type="checkbox"/> Net Applicable
Zip <u>32837</u>	Country <u>ORANGE</u>	Zip <u>32837</u>	Country <u>ORANGE</u>

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

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>MASSEY, GARY E</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>112 W CITRUS ST</u>	
City <u>ALTAMONTE SPRINGS FL</u>	Zip Code <u>32714</u>

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 _____ (NOTE: Registered Agent signature required when changing) _____ DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P.</u> <u>FARINHA, M. H.</u> <u>12738 TOPSFIELD DR.</u> <u>ORLANDO FL 32837</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>S.T.</u> <u>FARINHA, G. M.</u> <u>12738 TOPSFIELD DR.</u> <u>ORLANDO FL 32837</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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Members 5/12/02

CR2E034B (12/01)