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

## DOCUMENT #

P95000061180

1. Entity Name

2525 GRANADA, INC.



## **FILED** Apr 21, 2003 8:00 am \$\frac{9}{8}\$ Secretary of State

Principal Place of Business 2525 GRANADA BLVD VERO BEACH FL 32960 US			Mailing Address 2525 GRANADA BLVD SUITE 5 VERO BEACH FL 32960 US	2525 GRANADA BLVD SUITE 5 VERO BEACH FL 32960						
2. Principal P	Place of Busir	ness	3. Mailing Address	3. Mailing Address			<u> </u>	70 FIO 611 61 11 11 11 11 11 11 11 11 11 11 11	EO 18080 BOST 1886	
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc,			CHECK HERE IF MAKING CHANGES			
City & State			City & State	·City & State			4. FEI Number 65-0604241 Applied For Not Applied		Applied For	
Zip	Zip Country		Zip	ip Country		5. (	Certificate of Status Desired	<b>\$8.75</b> A Fee Requi	dditional	
<del></del>	6. Name	and Address of Curr	ent Registered Agent			7. N	Name and Address of New Registe	red Agent		
HENDERSON, STEVE L 817 BEACHLAND BLVD.					Name Street Address (P.O. Box Number is Not Acceptable)					
VERO BEACH FL 34963					***					
TENO DEPONTE 04300					City			FL Zip Co	de	
	named entitions of regist		nt for the purpose of changing its	s registere	ed office or registe	red ag	ent, or both, in the State of Florida. I	am familiar with	n, and accept	
SIGNATURE .	Signature, typed	or printed name of registered a	gent and title if applicable. (NOT	E: Registere	d Agent signature required	d when re	pinstating) D	ATE		
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							Election Campaign Financing     Trust Fund Contribution.		00 May Be	
10.		OFFICERS A	ND DIRECTORS	11.	<del></del>	AD	L. DITIONS/CHANGES TO OFFICERS	AND DIRECTO	BS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSH, JA 2525 GRA VERO BEA	MES L NADA BLVD.	□ Celete	TITLE NAMI STRE	1			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			ť	<u> </u>	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i .		.:	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		<b>I</b>			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alfa Alexandra	information supplied	Delete	CITY-	E ET ADDRESS -ST-ZIP	nation 1	440 07/2)(i) Florido Statutos Livetho	☐ Change	Addition	

Thereby 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 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 any andress, with all other like empowered.

**SIGNATURE:** 

7725640215

Daytime Phone #