

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067328

1. Entity Name

GRANT MORTGAGE CORP.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90021 018 ***150.00

Principal Place of Business

Mailing Address

6039 COLLINS AVE. #1031

6039 COLLINS AVE. #1031

MIAMI BEACH FL 33140

MIAMI BEACH FL 33140-2252

ER

2. Principal Place of Business

8150 SW 8 ST

3. Mailing Address

P.O. Box 440912

Suite, Apt. #, etc.

127

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0607430

Applied For

Not Applicable

Zip

33156

Country

DADE

Zip

33144

Country

DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBUERNE, FERNANDO
 6039 COLLINS AVE. #1031
 MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name: FERNANDO ALBUERNE

Street Address (P.O. Box Number is Not Acceptable)

10731 SW 102 Ave

City

Miami

FL

Zip Code

33176

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-00

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete

NAME ALBUERNE, FERNANDO
 STREET ADDRESS 6039 COLLINS AVE. #1031
 CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE DS ☐ Delete

NAME ALBUERNE, LILIANA
 STREET ADDRESS 6039 COLLINS AVE. #1031
 CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE DT ☒ Delete

NAME GRISSETT, JUDITH
 STREET ADDRESS 10731 S.W. 102ND AVENUE
 CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME 10731 SW 102 Ave
 STREET ADDRESS Miami FL 33176
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME 10731 SW 102 Ave
 STREET ADDRESS Miami FL 33176
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

13. 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 11 or Block 12 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

4-13-00 305-261-6377

Date

Daytime Phone #

CR2E034 (9/99)