

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093077

1. Entity Name

GRW ARCHITECTURE INC.

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90042 048 ***150.00

Principal Place of Business

Mailing Address

POST OFFICE BOX 770278
CORAL SPRINGS FL 33077

POST OFFICE BOX 770278
CORAL SPRINGS FL 81612-9530

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0630851

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINNE, GEORGE R
6406 BRAEBURN
NORTH LAUDERDALE FL 33068

Name

DAVID R. BERNSTEIN

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

9806 NW 2nd STREET

City

PLANTATION

FL

Zip Code
33324

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

David R Bernstein

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

(NOTE: Registered Agent signature required when reinstating)

3/29/2000

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
WINNE, GEORGE R
6406 BRAEBURN
NORTH LAUDERDALE FL 33068 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
273 SOUTHSIDE DRIVE
BASALT, CO 81621 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVP
WINNE, LESLIE J
6406 BRAEBURN
N LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
273 SOUTHSIDE DRIVE
BASALT, CO 81621 ☒ Change ☐ Addition

TITLE
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☐ Delete

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CITY - ST - ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/00

Date

970-975-4755

Daytime Phone #

CR2E034 (9/99)