

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004641

1. Entity Name
GR 2000, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90388 011 ***155.00

Principal Place of Business

12721 N 57TH ST
TAMPA FL 33617
US

Mailing Address

12721 N 57TH ST
TAMPA FL 33617
US

2. Principal Place of Business

6090 RIVER TRACE ST

Suite, Apt. #, etc.

3. Mailing Address

6090 RIVER TRACE ST

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip 33617

Country

US

City & State

TAMPA, FL

Zip 33617

Country

US

4. FEI Number

59-3386692

Applied For

Not Applicable

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

IVERSON, DAVID
4699 SW 72ND AVENUE
MIAMI FL 33155

Name

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

City

FL

Zip Code

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

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, 2001 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 D
NAME PERALTA, ALEJANDRO
STREET ADDRESS 4699 SW 72ND AVENUE
CITY-ST-ZIP MIAMI FL 33155

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME RINCON, JORGE
STREET ADDRESS 4699 SW 72ND AVENUE
CITY-ST-ZIP MIAMI FL 33155

☐ Delete

TITLE
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CITY-ST-ZIP

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☐ Delete

TITLE
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STREET ADDRESS
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

ALEJANDRO A. PERALTA

Date

Daytime Phone #

04/29/00 813-980-6412

CR2E034 (10/00)