

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90118 004 ***150.00

DOCUMENT # P96000004641

1. Entity Name
GR 2000, INC.

Principal Place of Business

**6090 RIVER TRACE ST.
TAMPA FL 33617
US**

Mailing Address

**6090 RIVER TRACE ST.
TAMPA FL 33617
US**

00050147



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3425 PARK SQ W
Suite, Apt. #, etc.
3**

3. Mailing Address

**3425 PARK SQ W
Suite, Apt. #, etc.
3**

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number
59-3386692

Applied For
Not Applicable

Zip
33613

Country
USA

Zip
33613

Country
USA

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

6. Name and Address of Current Registered Agent

**IVERSON, DAVID
4699 SW 72ND AVENUE
MIAMI FL 33155**

7. Name and Address of New Registered Agent

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, 2002 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 **D** ☐ Delete
NAME **PERALTA, ALEJANDRO**
STREET ADDRESS **4699 SW 72ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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:

ALEJANDRO A. PERALTA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/02

Date

813-615-9037

Daytime Phone #

CR2E034 (9/01)