2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000017378** Apr 28, 2000 8:00 am Secretary of State 1. Entity Name CCH GRAND, INC. 04-28-2000 90133 027 ***158.75 Mailing Address Principal Place of Business 4243 NORTHLAKE BLVD STE D 4243 NORTHLAKE BLVD STE D PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410-6276 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0663756 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAROT, DILIP Street Address (P.O. Box Number is Not Acceptable) 4243 NORTHLAKE BLVD STE D PALM BEACH GARDENS FL 33410 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TDP TITLE ☐ Change ☐ Addition TITLE Delete BAROT, DILIP NAME NAME 4243-D NORTHLAKE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Addition TITI F ☐ Change ☐ Delete TITLE WEIR, JOHN F NAME 4243 NORTHLAKE BLVD STE D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 Change Change ☐ Addition ☐ Delete TITLE TITLE WHEAT, TIMOTHY P NAME NAME 4243 NORTHLAKE BLVD STE D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP TITLE Delete TITLE LANCZI, ANITRA D NAME NAME 4243 NORTHLAKE BLVD STE D STREET ADDRESS STREET ADDRESS Gardens. PALM BEACH GARDENS FL 33410 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby 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 supplied enter in 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 A