

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027897

1. Entity Name

GROUT PLUS, INC.

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

05-08-2000 90112 024 ***150.00

Principal Place of Business

Mailing Address

603 RACQUETCLUB ROAD
 #4
 WESTON FL 33326

603 RACQUETCLUB ROAD
 #4
 WESTON FL 33326-1861

2. Principal Place of Business

3. Mailing Address

10795 N.W. 53RD ST

10795 N.W. 53RD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BAY #216

BAY #216

City & State

City & State

SUNRISE, FLORIDA

SUNRISE FLORIDA

Zip

Country

Zip

Country

33351

BROWARD

33351

BROWARD

4. FEI Number

65-0659121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVKA, MICHAEL A
 9000 SHERIDAN STREET
 STE 114
 PEMBROKE PINES FL 33024

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, 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 PT ☐ Delete
 NAME O'BRIEN, RICHAD E JR.
 STREET ADDRESS 603 RACQUET CLUB RD #4
 CITY-ST-ZIP WESTON FL 33326

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

TITLE VPS ☐ Delete
 NAME O'BRIEN, DEENA L
 STREET ADDRESS 603 RACQUET CLUB RD #4
 CITY-ST-ZIP WESTON FL 33326

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Deena L O'Brien
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000
 Date

954-584-8440
 Daytime Phone #

CR2E034 (9/99)