

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047612

1. Entity Name

GRATIS-FREE RENTAL SERV. RLTY, INC.

Principal Place of Business

7546 W COMMERCIAL BLVD  
LAUDERHILL FL 33319  
US

Mailing Address

3963 N. FEDERAL HIGHWAY  
POMPANO BEACH FL 33064

2. Principal Place of Business

3963 N. Federal Highway

3. Mailing Address

3963 N. Federal Highway

Suite, Apt. #, etc.

Pompano Beach, FL

Suite, Apt. #, etc.

Pompano Beach

City & State

Florida

City & State

Florida

Zip

33064

Country

U.S.A

Zip

33064

Country

U.S.A

6. Name and Address of Current Registered Agent

ALBUQUERQUE, JURANDIR  
1657 CORAL AVE  
NORTH LAUDERDALE FL 33028

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, 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

TITLE **D** ☐ Delete  
NAME **ALBUQUERQUE, JURANDIR**  
STREET ADDRESS **8363 S. CORAL CIRCLE**  
CITY-ST-ZIP **NORTH LAUDERDALE FL 33028**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **JURANDIR ALBUQUERQUE** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **9132 F SW 20th ST**  
CITY-ST-ZIP **Boca Raton FL 33438**

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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