2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State
03-14-2001 90209 025 ***158.75

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DOCUMENT # P96000074045

1. Entity Name
ILAN OF THE GRAND CORPORATION

Principal Place of Business	Mailing Address
599 GLENRIDGE RD KEY BISCAYNE FL 33149	599 GLENRIDGE RD KEY BISCAYNE FL 33149

730420

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4000 Towerside Terr.		4000 Towerside Terr	
Suite, Apt. #, etc.: Suite 612		Suite, Apt. #, etc.: Suite 612	
City & State: Miami FL		City & State: Miami FL	
Zip: 33138	Country: USA	Zip: 33138	Country: USA

4. FEI Number 65-0701709 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAIETTO, RENZO
599 GLENRIDGE RD
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

Name: Robert Giarratano
Street Address (P.O. Box Number is Not Acceptable): 4000 Towerside Terr
Suite 612
City: Miami FL Zip Code: 33138

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] Robert Giarratano Pres DATE 3/10/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PVSD MAIETTO, RENZO 599 GLENRIDGE RD KEY BISCAYNE FL 33149	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD Robert Giarratano 4000 Towerside Terr Suite 612 Miami FL 33138	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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] Robert Giarratano Pres 3/10/01 305 892-9013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #