2000 UNIFORM BUSINESS REPORT (UBR) May 23, 2001 8:00 am Secretary of State DOCUMENT # **P96000094709** 05-23-2001 90200 041 ***150.00 GRAND CRU MARINE CORP. Mailing Address Principal Place of Business 534 WEST 58TH STREET 302 NORTH WOODS ROAD D0057010 PALM BEACH FL 33480 NEW YORK NY 10019-1004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0709308 Not Applicable - Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VALDES-FAULI CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 777 S. FLAGLER DR. SUITE 500 EAST WEST PALM BEACH FL 33401 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 % 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) \Box ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition PDTS ☐ Delete TITLE TITLE FAIRCHILD, ROBERT F NAME JAME STREET ADDRESS STREET ADDRESS 534 WEST 58TH STREET CITY-ST-ZIP DITY-ST-ZIP **NEW YORK NY 10019** Change Addition TITLE ☐ Delete TITLE JAME NAME TREET ADDRESS HTY-ST-ZIP 63-865548 Addition ITLE GRAND CRU MARINE CORP. AME TREET ADDRESS ITY-ST-ZIP ☐ Addition TLE JME REET ADDRESS DOLLARS 🗗 TY-ST-ZIP Addition iLĘ :ME REET ADDRESS 17-ST-ZIE Addition LΞ MΕ REET ADDRESS CITY-ST-ZIP 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.