2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P460 GRUBSTAKE TRAILER PAKKING. I Principal Place of Business Mailing Address 4517 N. DIYIE 1670 SW 53RD AVENUE 1670-SW SORD AVENUE -

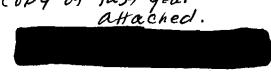
HWY.

PLANTATION FL 33317

FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90979 005 ***150.00

Copy of last year attached.



	rumpano, pc 3	13064		
2. Principal P	lace of Business	3. Mailing Address 4670 5W	53 AVE	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		PLANTA TION, FL 333		4. FEI Number 65-1059-266 Applied For Not Applicate
Zip'	Country	333 ₁ 7	BRUWAM	\$8.75 Additional
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
1670 SW	UZANNE ROSE ROSS 53 AVENUE ON FL 33317		Street Addr	dress (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
the obligat	named entity submits this statement finds of registered agent. Signature, typed or printed name of registered agent. LE NOWILL FEE IS \$150.00	t and title if applicable. (NO	s registered office or reg	9. Election Campaign Financing \$5.00 May Be
Make Check	Payable to Florida Department of	f State 🛪		
10.	OFFICERS AND		11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	WEISS, SUZANNE ROSS 1670 SW 53RD AVENUE PLANTATION FL 33317	☐ Deléte	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
TITLE HAME STREET ADDRESS CITY-ST-ZIP	ST WEISS, SUZANNE 1670 SW 63 AVE PLANTATION, R	☐ 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
TITLE MAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete	TITLE NAME STREET ADDRESS .CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS SITY-ST-ZIP		C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition
THLE MAME STREET ADDRESS CHT7+ST-ZIP		☐ Delete	HILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. Thereby 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SUZANNE ROSS WESS

SIGNATURE

PLANTATION FL 22217

4/3/03

(954)581-7725

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment

,		00100537		<u></u>	
GRUBSTA	KE TRAILER PARK, INC.				
Principal Place of Business 4517 N DIXIE HWY POMPANO BEACH FL 33064 US		Mailing Address 4517 N DIXIE HWY POMPANO BEACH FL 33064 US			
2. Principal P	lace of Business	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	3	City & State		4. FEI Number 65-07 15346 Applied F	
' Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent	
1670 SW 5	ON FL 33317	3/11/02		dress (P.O. Box Number is Not Acceptable)	
· 		CHECK # - RPM	City	FL Zip Code	
8. The above	named entity submits this statement			egistered agent, or both, in the State of Florida.	
. Tax filing i	pration is eligible to satisfy its Intangi requirement and elects to do so, ria on back)	ble 7 SEILENOW!	02 Fee will be \$550.	10. Election Campaign Financing \$5.00 May	
11.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
STREET ADDRESS	PVP WEISS, SUZANNE 1670 SW 53 AVE PLANTATION FL 33317	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change A	
TITLE HAME STREET ADDRESS CITY-ST-ZIP	ST WEISS, SUZANNE 1670 SW 53 AVE PLANTATION FL 33317	Deleté	NAME STREET ADDRESS CITY-ST-ZIP	Change D'A	
TITLE FIAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	
TITLE HAME SIREET ADDRESS CITY-ST-3IP		☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	
THILE THAME THAME THAME THAME THAME THAME THAME THAME THAME		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	
THEE HAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	

^{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 informatio 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 direct 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 changed, or on an attachment with an address, with all other like empowered TANNE