

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000485

1. Entity Name  
GRUNE'S DRY WALL, CORP.

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91349 050 \*\*\*159.00

Principal Place of Business  
4221 NW 204 STREET  
MIAMI FL 33055  
US

Mailing Address  
4221 NW 204 STREET  
MIAMI FL 33055  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
3790 NW 197 Ter.  
Suite, Apt. #, etc.  
Home

3. Mailing Address  
3790 NW 197 Ter.  
Suite, Apt. #, etc.  
Home

City & State  
Carroll City FL

City & State  
Carroll City FL

Zip  
33055

Country  
USA

Zip  
33055

Country  
USA

4. FEI Number 65-0716030

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
GRUNEWALD, CARLOS  
4221 NW 204 STREET  
MIAMI FL 33055

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 \_\_\_\_\_ (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. ☐

**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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRUNEWALD, CARLOS		NAME		
STREET ADDRESS	4221 NW 204 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33055		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRUNEWALD, ABIDAN		NAME		
STREET ADDRESS	5260 NW 2 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33026		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRUNEWALD, JUAN		NAME		
STREET ADDRESS	5260 NW 2 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33026		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Carlos Grunewald 4/28/01 (305) 624-1616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)