

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 a
Secretary of State

02-07-2000 90054 034 ***150.00

DOCUMENT # P97000015733

1. Entity Name

GRENON ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2650 SW 154TH AVE
DAVIE FL 33331

2650 SW 154TH AVE
DAVIE FL 33331-2605

913567

2. Principal Place of Business

3. Mailing Address

3020 lake shore DR

3020 lake shore DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. laud. FL-

Ft. laud. FL-

Zip

Country

Zip

Country

33331

Broward

33331

Broward

4. FEI Number

65-0728860

5. Certificate of Status Desired

\$8.75

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRENON, ROGER
2650 SW 154TH AVE
DAVIE FL 33331

Name Roger Grenon

Street Address (P.O. Box Number is Not Acceptable)

3020 lake shore Dr.

City

Ft. laud.

FL

Zip Code 33333

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

Roger Grenon

Roger Grenon

01-29-00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE PSTD
NAME GRENON, ROGER
STREET ADDRESS 2650 SW 154TH AVE
CITY-ST-ZIP DAVIE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 3020 lake shore DR.
CITY-ST-ZIP Ft. laud. FL- 33331

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roger Grenon

01-29-00 - 954-89

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #