

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 07, 2001 8:00 am**
Secretary of State

03-07-2001 90626 001 ***150.00

DOCUMENT # P97000015733

1. Entity Name

GRENON ENTERPRISES, INC.

Principal Place of Business

**3020 LAKE SHORE DR
FORT LAUDERDALE FL 33331**

Mailing Address

**3020 LAKE SHORE DR
FORT LAUDERDALE FL 33331**

2. Principal Place of Business

2901 SW 58TH CT

Suite, Apt. #, etc.

3. Mailing Address

2901 SW 58TH CT

Suite, Apt. #, etc.

City & State

Ft laud FL

City & State

Ft laud FL

Zip

33312

Country

Broward

Zip

33312

Country

Broward

6. Name and Address of Current Registered Agent

**GRENON, ROGER
3020 LAKE SHORE DR.
FORT LAUDERDALE FL 33331**

7. Name and Address of New Registered Agent

Name **Roger Grenon**

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

2901 SW 58TH CTCity **Ft laud****FL**Zip Code **33312**

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)

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, 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

TITLE **PSTD** ☐ Delete
NAME **GRENON, ROGER**
STREET ADDRESS **3020 LAKE SHORE DR.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33331**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Change ☐ Addition
NAME **Grenon Roger**
STREET ADDRESS **2901 SW 58TH CT**
CITY-ST-ZIP **Ft laud FL 33312**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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 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: **Roger Grenon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-01

Date

Pres.

Daytime Phone #

CR2E034 (10/00)