

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P970000051695

1. Entity Name

GRANDE Affaires, Inc.

FILED

01 JUN 21 PM 2:36

Principal Place of Business

Mailing Address

- Same -

7711 W. 22nd AVE.
Hialeah, FL 33016

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

05/23/01 91104 027 \$150.00

2000-2001 UBR

4. FEI Number 65-0759573 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Dubrow Duker & Assoc.
3832 University DR.
Coral Springs, FL 33065

Name: Siegel, Sharon
Street Address (P.O. Box Number is Not Acceptable): 7711 W. 22nd AVE.
City: Hialeah FL Zip Code: 33016

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: Sharon Siegel, Pres. Sharon Siegel 4/30/01
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!
After MAY 1, 2001
Make Check Payable

FEE IS \$150.00
Fee will be \$550.00
to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
	D. Fiocco, ALfred	7711 W. 22 nd AVE.	HIALEAH, FL 33016	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
	Siegel, Sharon	7711 W. 22 nd AVE.	HIALEAH, FL 33016	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for an exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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: ALfred Fiocco 4/30/01 (305)826-5233
Signature, typed or printed name of signing officer or director Date Daytime Phone

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALfred Fiocco 4/30/01 (305)826-5233

CR2001 (12/00)

6/1/01