

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90108 031 ***150.00

DOCUMENT # P97000068165

1. Entity Name
GRAMMACY, INC.



Principal Place of Business
**2875 NE 191ST STREET
SUITE 512
AVENTURA FL 33180**

Mailing Address
**2875 NE 191ST STREET
SUITE 512
AVENTURA FL 33180**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0776460**

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

**LANSBURGH, ROBERT
2875 NE 191ST STREET
SUITE 512
AVENTURA FL 33180**

Name **ROBERT LANSBURGH**

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

2875 NE 191st STREET, SUITE 511

City **AVENTURA**

FL

Zip Code **33180**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **LANDA, CAROLE**
STREET ADDRESS **2875 NE 191 ST, #512**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **VP** ☒ Change ☐ Addition
NAME **LANDA, CAROLE**
STREET ADDRESS **2875 NE 191st, # 511**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **P** ☐ Delete
NAME **LANSBURGH, ROBERT**
STREET ADDRESS **2875 NE 191ST STREET #512**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **P** ☒ Change ☐ Addition
NAME **LANSBURGH, ROBERT**
STREET ADDRESS **2875 NE 191st STREET, SUITE 511**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **VP** ☐ Delete
NAME **MICHAEL, LANDA**
STREET ADDRESS **2999 NE 91 STREET 906**
CITY-ST-ZIP **MIAMI FL 33180**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

SIGNATURE: **X** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/03

CR2E034 (10/02)