

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90123 028 \*\*\*150.00

**DOCUMENT # P97000086856**

1. Entity Name  
**THE RIANN GROUP, INC.**

Principal Place of Business  
**3305 PINEWALK DR NORHT  
STE 103  
MARGATE FL 33063**

Mailing Address  
**P O BOX 8575  
CORAL SPRINGS FL 33075**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3485 PINEWALK DRIVE NORTH  
Suite, Apt. #, etc.  
SUITE 205**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**MARGATE, FL**

City & State

4. FEI Number **65-0790102**

Applied For  
Not Applicable

Zip **33063** Country **USA**

Zip Country

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

## 6. Name and Address of Current Registered Agent

**GRANDELL, RILEY E  
3305 PINEWALK DR NORHT STE 103  
MARGATE FL 33063**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**3485 PINEWALK DRIVE NORTH  
SUITE 205  
City MARGATE FL Zip Code 33063**

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, 2002 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 **DP** ☐ Delete  
NAME **GRANDELL, ANN J**  
STREET ADDRESS **3305 PINEWALK DR N. STE 103**  
CITY-ST-ZIP **POMPANO BEACH FL 33063**

TITLE **D** ☐ Delete  
NAME **GRANDELL, RILEY E**  
STREET ADDRESS **6560 NW 11 ST**  
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3485 PINEWALK DRIVE NORTH, SUITE 205**  
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3485 PINEWALK DRIVE NORTH, SUITE 205**  
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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: \_\_\_\_\_

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/02** **954-345-6673**  
Date Daytime Phone #

CR2E034 (9/01)