## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # P97000088615 Mar 01, 2000 8:00 am **Secretary of State** THE GRAND ESTATE COLLECTION, INC. 03-01-2000 90031 034 \*\*\*150.00 Principal Place of Business Mailing Address 2499 GLADES RD., STE, 114 2499 GLADES RD., STE, 114 BOCA RATON FL 33431-7201 **BOCA RATON FL 33431** 2. Principal Place of Business 7 Hh Street 3. Mailing Address 77th Street $\mathcal{N}.\mathcal{W}$ DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 65-0852610 CA Porton aton. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent POPKIN & SHURPIN, P.A. Street Address (P.O. Box Number is Not Acceptable) 2499 GLADES RD., STE. 114 **BOCA RATON FL 33431** Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition **DVPS** TITLE ☐ Delete TITLE POPKIN, EDWARD D NAME NAME STREET ADDRESS 2499 GLADES RD., STE. 114 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Addition Change ☐ Delete TITLE ALBANESE, LEONARD A NAME NAME STREET ADDRESS STREET ADDRESS 551 NW 77 ST STE 108 CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.