

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096918

1. Entity Name

CHRIS GRAND, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90158 007 ***150.00

Principal Place of Business

Mailing Address

~~4700 NORTH STATE ROAD 7, SUITE 221~~
~~FT. LAUDERDALE FL 33319~~

~~4700 NORTH STATE ROAD 7, SUITE 221~~
~~FT. LAUDERDALE FL 33319-5004~~

2. Principal Place of Business

3. Mailing Address

2825 UNIVERSITY DR.
Suite, Apt. #, etc.
450

2825 UNIVERSITY DR.
Suite, Apt. #, etc.
450

City & State

City & State

CORAL SPRINGS, FL

CORAL SPRINGS

Zip

Country

Zip

Country

33076

USA

33076

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAND, CHRIS

~~4700 NORTH STATE ROAD 7, SUITE 221~~
~~FT. LAUDERDALE FL 33319~~

Name

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

2825 UNIVERSITY DRIVE

#450

CORAL SPRINGS

FL

33076

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME GRAND, CHRIS
STREET ADDRESS ~~4700 NORTH STATE ROAD 7, SUITE 221~~
CITY-ST-ZIP ~~FT. LAUDERDALE FL 33319~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2825 UNIVERSITY DRIVE #450
CITY-ST-ZIP CORAL SPRINGS, FL 33076

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
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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:

Chris Grand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000

954721-2288
Daytime Phone #

CR2FN34 (9/99)