2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
Jun 01, 2000 8:00 am
Secretary of State
04-21-2000 90178 020 ***150.00

DOCUMENT # P97000107047

1. Entity Name
GRILLAS ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1111 PONCE DE LEON BOULEVARD SUITE 625 CORAL GABLES FL 33134	1111 PONCE DE LEON BOULEVARD SUITE 625 CORAL GABLES FL 33134-3321

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ~~APPLIED FOR~~ 65-0872854 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GRILLAS, HARRY
1111 PONCE DE LEON BOULEVARD
SUITE 625
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: GRILLAS, BOB
Street Address (P.O. Box Number is Not Acceptable): 1111 PONCE DE LEON BLVD.
City: CORAL GABLES FL Zip Code: 33134

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: 4/15/00

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

TITLE	D	☐ Delete
NAME	GRILLAS, CONSTANTINO	
STREET ADDRESS	1111 PONCE DE LEON BOULEVARD, S-625	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	☐ Delete
NAME	GRILLAS, HARALAMBOS	
STREET ADDRESS	111 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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	DP	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	☒ Change ☐ Addition
NAME		
STREET ADDRESS	1111 PONCE DE LEON BLVD.	
CITY-ST-ZIP		
TITLE	DS	☐ Change ☒ Addition
NAME	GRILLAS, DIMITRIUS	
STREET ADDRESS	1111 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR~~ Date: 4/15/00 Daytime Phone #: (305) 448-2634