

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

1111 PONCE DE LEON BOULEVARD
 SUITE 625
 CORAL GABLES FL 33134

Mailing Address

1111 PONCE DE LEON BOULEVARD
 SUITE 625
 CORAL GABLES FL 33134-3321

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

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 of Registered Agent or other person authorized to execute this statement and not 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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRILLAS, CONSTANTINO 1111 PONCE DE LEON BOULEVARD, S-625 CORAL GABLES FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRILLAS, HARALAMBOS 111 PONCE DE LEON BLVD CORAL GABLES FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1111 PONCE DE LEON BLVD. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GRILLAS, DIMITRIOS 1111 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00 (305) **448-2634**
 Daytime Phone #