

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90156 022 \*\*\*150.00

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**DOCUMENT # P98000004438**

1. Entity Name  
**GRIFFIN & ASSOCIATES PROPERTIES, INC.**

Principal Place of Business  
**861 SW 149 TERRACE**  
**PEMBROKE PINES FL 33027**

Mailing Address  
**861 SW 149 TERRACE**  
**PEMBROKE PINES FL 33027**



2. Principal Place of Business  
**950 South Pine Island Rd**

Suite, Apt. #, etc.  
**1038 Suite**

City & State  
**Plantation FL**

Zip  
**33324**

Country  
**Broward**

3. Mailing Address  
**950 South Pine Island Rd**

Suite, Apt. #, etc.  
**Suite 1038**

City & State  
**Plantation FL**

Zip  
**33324**

Country  
**Broward**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRIFFIN, ZACHERY**  
**861 SW 149 TERRACE**  
**PEMBROKE PINES FL 33027**

7. Name and Address of New Registered Agent

Name  
**Zachary Griffin**

Street Address (P.O. Box Number is Not Acceptable)  
**4090 S.W. 149th Terrace**

City  
**Miramar**

FL Zip Code  
**33027**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	VP GRIFFIN, ZACHERY 861 SW 149TH TERRACE PEMBROKE PINES FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFIN, CYNTHIA 861 SW 149TH TERRACE PEMBROKE PINES FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Zachary Griffin 4090 S.W. 149th Terrace Miramar, FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Cynthia Griffin 4090 S.W. 149th Terrace Miramar, FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: DATE: **3/12/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)