

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015363

1. Entity Name

GRUM ENTERPRISES INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90142 030 ***150.00

Principal Place of Business

1210 WASHINGTON AVE.
 SUITE 220
 MIAMI BEACH FL 33139
 US

Mailing Address

1210 WASHINGTON AVE.
 SUITE 220
 MIAMI BEACH FL 33139-4634
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0823097**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKOLA, THOMAS J
 5201 BLUE LAGOON DRIVE
 SUITE 100
 MIAMI FL 33126

Name

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

City

FL

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

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, NAME ☐ Delete
VT
VALERIA, GANFRIER
 STREET ADDRESS **801 N. VIEWTIAN DR. #205**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE, NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE, NAME ☐ Delete
P
MAXIMINO, GONCALVES
 STREET ADDRESS **ONE GROVE DR. #206**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE, NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE, NAME ☐ Delete
S
THOMPSON, SKOLA
 STREET ADDRESS **5201 BLUE LABOAN DR. STE. 100**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE, NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE, NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE, NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE, NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE, NAME ☐ Change ☐ Addition
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TITLE, NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE, NAME ☐ Change ☐ Addition
 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

5/11/2000 805.532.8224

Date

Daytime Phone #

CR2E034 (9/99)