

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015363

1. Entity Name

GRUM ENTERPRISES INC.

**FILED**  
May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90271 044 \*\*\*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  
US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0823097

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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, 2001 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 VT  
NAME VALERIA, GANFRIER  
STREET ADDRESS 801 N. VIEWTIAN DR. #205  
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE VT  
NAME VALERIA GAUFILLIER  
STREET ADDRESS 555 N.E. 15TH ST. # 30K  
CITY-ST-ZIP MIAMI - FL 33132 ☒ Change ☐ Addition

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

TITLE P  
NAME MAXIMIANO GONCALVES  
STREET ADDRESS 1455 OCEAN DR. # 1705  
CITY-ST-ZIP MIAMI BEACH, FL 33133 ☒ Change ☐ Addition

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

TITLE S  
NAME THOMAS SKOLA  
STREET ADDRESS 5201 BLUE LAGOON DR # 100  
CITY-ST-ZIP MIAMI FL 33126 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2001 305.532.8224  
Date Daytime Phone #

CR2E034 (10/00)