

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90377 005 \*\*\*550.00

**DOCUMENT # P98000015363**

1. Entity Name  
**GRUM ENTERPRISES INC.**

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

2. Principal Place of Business

**1210 WASHINGTON**

Suite, Apt. #, etc.

**AVENUE # 215**

City & State  
**MIAMI BEACH**

Zip Country  
**33139 USA**

3. Mailing Address

**1210 WASHINGTON AVE.**

Suite, Apt. #, etc.

**SUITE 215**

City & State  
**MIAMI BEACH - FL**

Zip Country  
**33139 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0823097**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**SKOLA, THOMAS J**  
 Street Address (P.O. Box Number is Not Acceptable)  
**501 Brickell Key Dr. # 602**  
**Miami - FL 33131**  
 City **MIAMI** FL **33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **VP** ☐ Delete  
 NAME **VALERIA GANFRIER**  
 STREET ADDRESS **555 NE 15TH ST # 30 K**  
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **P** ☒ Delete  
 NAME **MAXIMINO, GONCALVES**  
 STREET ADDRESS **1455 OCEAN DRIVE # 1705**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

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 **PRESIDENT** ☒ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

CR2E034 (4/02)

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/2/2002**  
 Date

**305-532-2224**  
 Daytime Phone #