

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091257

1. Entity Name
GROGNARD CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 17 AM 10:37

Principal Place of Business Mailing Address
112 S. HIBISCUS DR. 112 S. HIBISCUS DR.
MIAMI BCH FL 33139 MIAMI BCH FL 33139



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: **65-0877601** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LANGEN, MAX
112 S. HIBISCUS DR.
MIAMI BCH FL 33139

7. Name and Address of New Registered Agent
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]* DATE **10/8/01**
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, 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 NAME STREET ADDRESS CITY-ST-ZIP | D ANSIN, ULRICH 3321 BAYVIEW GATE FT. LAUDERDALE FL 33308 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 319 S. RIVERSIDE DR. FT. LAUDERDALE, FL 33062 |
| 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 100004743011--0 -12/28/01--01074--004 ****150.00 ****150.00 |
| 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 <i>[Signature]</i> |
| 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)(f), 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]* DATE: **10/8/01** (205) 514-8035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

017042

CR02034 (10/00)

LANGEN & LANGEN, P.A.

ATTORNEYS AT LAW
112 SOUTH HIBISCUS ISLAND
MIAMI, FLORIDA 33139-5130

HILARY LANGEN *
ROLAND LANGEN *
CHRISTOPHER LANGEN +
MAX LANGEN ◆

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MAX@LANGEN.ORG

* ADMITTED IN FLORIDA AND BRAZIL
+ ADMITTED IN FLORIDA AND NEW YORK
◆ ADMITTED IN FLORIDA AND BEFORE THE
U.S. PATENT AND TRADEMARK OFFICE

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Grogard Corporation
Document # P98000091257

Dear Sirs,

Our client, Mr. Ulrich Ansin, sent you a check in the amount for \$150.00 on April 16, 2001. You have not cashed his check and he sent a replacement check on September 6 in the amount for \$150.00. You have not processed his second check because you wanted more information on the exact date of the first check.

I enclose a copy of the old check that was sent on April 16, as well as the new check in the amount for \$150.00.

Thank you.

Sincerely,


Max Langen

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
SEP 11 2001