

2000 UNIFORM BUSINESS REPORT (UBR)

4/17/00

DOCUMENT # P99000010101

Entity Name
F.G.R. & D., INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

04-17-2000 90133 045 ***150.00
06-08-2000 90431 043 ***150.00

Principal Place of Business E ATLANTIC BLVD BEACH FL 33062	Mailing Address 3422 E ATLANTIC BLVD POMPANO BEACH FL 33062-5701
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DO NOT WRITE IN THIS SPACE

Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 65-0894035	☐ Applied For ☒ Not Applicable
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARCIANTE, ALFONSO
3422 E ATLANTIC BLVD
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PVP MARCIANTE, ALFONSO 3422 E ATLANTIC BLVD POMPANO BEACH FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
ST GAVIRA, MARIA 3422 E ATLANTIC BLVD POMPANO BEACH FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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]* **RESOLVED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-10-00 Daytime Phone #: 9547810277

CR2004 (5/99)