

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR) -**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90131 045 \*\*\*150.00

DOCUMENT # **P99000014361** ✓  
1. Entity Name  
**GRANITE SYSTEMS, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**900 SW 15TH AVENUE**  
Suite, Apt. #, etc.

City & State  
**DELRAY BEACH, FLORIDA**  
Zip  
**33444**  
Country

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip  
Country

4. FEI Number  
**59-3577084**

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**GREGORY, WILLIAM P.**

Street Address (P.O. Box Number is Not Acceptable)  
**7N SWANW AVE**

City **TAMPA** FL Zip Code **33606**

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**PATERA, GUY S.**  
**7785 WEST COUNTRY CLUB BLVD.**  
**BOCA RATON, FL 33487**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**JOSE LAU**  
**4077 COONTIE CT.**  
**LANTANA, FL 33462**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**TOMMEI, ALBERTO**  
**1121 SW 16TH STREET**  
**BOCA RATON, FL 33486**

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-22-02**

Date

**561-276-3444**

Daytime Phone #

CR2E034B (12/01)