DOCUMENT # P99000014361 GRANTE SYSTEMS, INC. Interced Prices of Business Do Ry STR AVE DI CONTROL 1, 13144 DI CONTROL 1, 131	2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)							FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91524 049 ***150.00					
Findpart Read # Dealers Mailing Address 0 00 1151 MAR PR 00.05201 11 Dealers 1 Mailing Address 20 00 1151 MAR 1 Dealers 21 Principal #base d Buainess 1 Mailing Address 20 01 151 MAR 1 Dealers 20 01 151 MAR 1 Dealers 21 Principal #base d Buainess 1 Mailing Address 20 01 151 MAR 2 Dealers 21 Principal #base d Buainess 1 Mailing Address 20 01 151 MAR 2 Dealers 20	1. Entity Nam	l e	61	<u> </u>					1009	N 401 -			
Bulle: Apil 4, 40. Suite, Apil 4, 40. Image: Chy & State Image: Ch	900 SW 15TH	AVE	PO BOX 520231						÷.				I
Chy 3 State Chy 5 State A FEI Hummer Applied Tor Zip Country Zip Country Zip State A FEI Hummer State Applied Tor Chy 5 State A FEI Hummer State and Mainea of New Registrated Applied State Address of Country State Address of Country Name Chy 5 State Name Name Name Name Name Chy 5 State Name Name Name Name Name This SovAnn Audit and Name and Address of Country for Statement for the purpose of Changing Ib registered application dapped application of the purpose of Changing Ib registered application date statemal Dot The congrates of englaseed application of the purpose of Changing Ib registered application date statemal Dot Dot File Address of Country 1 Changing Ib registered application date statemal Dot Dot Address to File File Address of Country 1 Changing Ib registered application date statemal Dot Dot Dot File Address of Country 1 Changing Ib registered application date statemal Dot Dot Dot File Address of Country 1 Changing Ib registered application date statemal Dot Dot Dot Dot File Address	2. Principal P	tace of Business	3. Mailing Address	·		فدستعنده							
Start Start Start Start Start Zip Country Zip Country Start Sta	Suite, Apt.	#, etc.	Sulte, Apt. #, etc.	pt. #, etc:									
Centralized of Status of New Registered Agent Centralized of Status Centralized of Centralized Centralized Centralized of Centralized Centraliz	City & State	9	City & State				4. FI	El Number	59-357708	34		<u> </u>	-
GREGORY, WILLIAM P TIS SWANN AVE: TAMPA, FL 33006 Name Street Address (PO, Box Number is Not Acceptable) Oty Chy FL Zip Code Stort/Title Title State of Fortage Transform Chy Chy Chy FL Zip Code Stort/Title FL Zip Code Addition Comparing Financing Stort/Title Stort Fortage Transform Stort Addition Comparing Financing Chy Chy Chy Addition Comparing Financing Stort Nitit Name Orifficers And DirectorAs 11. Addition Comparing Financing Stort Nitit Name Chy Chy Addition Comparing Financing Stort Nitit Name Parine Name Infle Addition Comparing Financing Stort Nitit Name Chy Chy Chy Addition Comparing Financing Stort Nitit<	Zip	Country	Zip	Cour	יניא		5. C	ertificate of	Status Desire	a []			1
GRECORY, WILLIAM P TABPA, FL 33605 Giv FL 20 Code Giv		6. Name and Address of Current F	Registered Agent		Name		7. N	ame and A	ddress of New	v Registere	d Agent		
A. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Fords. I am familiar with, and accent the obligations of registered agent. SICNATURE Section Campaign Financing Content of the purpose of changing its registered agent, or both, in the State of Fords. I am familiar with, and accent the obligations of registered agent. SICNATURE Section Campaign Financing Content of the purpose of changing its registered agent, or both, in the State of Fords. I am familiar with, and accent of the provide that existence Content of the purpose of the purpose of changing its registered agent, or both, in the State of Fords. I am familiar with, and accent of the purpose of the purpose of the provide that existence SiCNATURE Section Campaign Financing Content of the purpose of the purpose of changing its registered agent, or both, in the State of Fords. And Diffectores and Diffectores and Diffectores SiCNATURE MGR MGR PATERRA, GUY S SiCD ARATON, FL 33487 Content of the purpose of the	715 SWANN AVE.				L	dress (f	Р.О. Во	x Number	is Not Accepta	ıble)			
A. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accent the obligations of registered agent, or both, in the State of Florida. I am familier with, and accent the obligations of registered agent, or both, in the State of Florida. I am familier with, and accent the obligations of registered agent, or both, in the State of Florida. I am familier with, and accent the obligations of registered agent, or both, in the State of Florida. I am familier with, and accent the obligations of registered agent, or both, in the State of Florida. I am familier with, and accent the obligations of registered agent, or both, in the State of Florida. I am familier with, and accent the obligations of registered agent, or both, in the State of Florida. I am familier with, and accent the obligations of registered agent, or both, in the State of Florida. I am familier with, and accent the obligations of registered agent, or both, in the State of Florida. I am familier with, and accent the obligations of registered agent, or both, in the State of Florida. I am familier with, and accent the obligations of registered agent, or both, in the State of Florida. I am familier with, and accent the obligations of registered agent, or both, in the State of Florida. I am familier with, and accent the obligation of the obligation and of agent of agent of the state of the obligation of the obligation agent and the state obligation. I am familier with a date of the obligation of the												$\frac{1}{2}$	
Equals, typical printed part and life Equation (MCR Figures, typical printed part and life Equation (MCR Figures, typical printed part (State) (Figures, typical) (Figures, typic	B. 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												
Arte: May L 2003 Fee will be \$550.00 Arte: May L 2003 Fee will be \$550.00 Adde to F													ł
The MCR Delee The Inte Change Addition International Strethologies Strethologies Strethologies Strethologies Strethologies Strethologies Inte MGR Delee Inte Strethologies Strethologies <td< td=""><td colspan="8">FILE NCW11/ FEP 35 \$150:00 After May 1, 2003 Fee will be \$550.00</td><td></td><td>Financing</td><td>\$5.0</td><td></td><td></td></td<>	FILE NCW11/ FEP 35 \$150:00 After May 1, 2003 Fee will be \$550.00									Financing	\$5.0		
ChrSt.2P BOCA RATON, FL 33487 ChrSt.2P Im.E MGR Delse Im.E Charge Addition Im.E TOMIEL, ALBERTO Street ADDRESS ChrSt.2P Charge Addition Im.E TOMIEL, ALBERTO Street ADDRESS ChrSt.2P Charge Addition Im.E DOCA RATON, FL 33486 Im.E Im.E Charge Addition Im.E Delse Im.E Street ADDRESS ChrSt.2P ChrSt.2P Im.E Delse Im.E Nade Charge Addition NueL Delse Im.E Charge				_			ADD	ITIONS/C	HANGES TO O	FFICERS AN	·	<u> </u>	
The MGR Delate Th E Null Change Addition The Null Street ADDRESS Street ADDRESS Change Addition The MGR Delate The Null Street ADDRESS Change Addition The MGR Delate The Street ADDRESS Change Addition TotME MGR Delate The Street ADDRESS Change Addition Street ADDRESS TotME, ALBERTO Street ADDRESS Change Addition Street ADDRESS The Street ADDRESS Change Addition Street ADDRESS Delate The Street ADDRESS Street ADDRESS City-St-2P Delate The Street ADDRESS	NAME STREET ADDRESS	PATERRA, GUY S 7785 WEST COUNTRY CLUB BL		NAM Stri	IE Eet address						∐ Change	L Addition	
Inte MGR Delete Inte Change Addition NAME TOMIEI, ALBERTO Street ADDRESS Change Addition Street ADDRESS 1121 SW 16TH ST Street ADDRESS Chr.st.2P BOCA RATON, FL 33486 Chr.st.2P Int.E NAME Delete Int.E Chr.st.2P Chr.st.2P Chr.st.2P Int.E NAME Street ADDRESS Chr.st.2P Chr.st.2P Addition Street ADDRESS Chr.st.2P Chr.st.2P Chr.st.2P Addition Int.E NAME Street ADDRESS Chr.st.2P Addition Street ADDRESS Chr.st.2P Chr.st.2P Chr.st.2P Chr.st.2P Int.E Delete Int.E Change Addition NAME Street ADDRESS Chr.st.2P Chr.st.2P Chr.st.2P Int.E Delete Int.E Change Addition NAME Street ADDRESS Chr.st.2P Chr.st.2P Chr.st.2P Int.E Delete Int.E Change Addition NAME Street ADDRESS Chr.st.2P <td< td=""><td>NAME STREET ADDRESS</td><td>MGR LAU, JOSE 4077 COONTIE CT</td><td>Delete</td><td>NAN Stri</td><td>IE ET ADDRESS</td><td></td><td></td><td></td><td></td><td></td><td>Change</td><td>Addition</td><td>CR2</td></td<>	NAME STREET ADDRESS	MGR LAU, JOSE 4077 COONTIE CT	Delete	NAN Stri	IE ET ADDRESS						Change	Addition	CR2
Inte Delete Inte Change Addition NAME SheET ADDRESS SheET ADDRESS Cftv:s1-2/P Cftv:s1-2/P Inte Delete Inte Cftronge Addition NAME SheET ADDRESS Cftronge Addition Cftronge Inte Delete Inte Cftronge Addition NAME SheET ADDRESS Cftronge Addition Addition Inte Delete Title Cftronge Addition NAME StRET ADDRESS Cftronge Addition Inte Delete Title Cftronge Addition NAME StRET ADDRESS Cftronge Addition Inte Delete Title NAME StRET ADDRESS Cftry-st-2P Cftronge Addition<	NAME STREET ADDRESS	MGR TOMIEI, ALBERTO 1121 SW 16TH ST	Delete	NAM Stri	IE BET ADDRIESS						Change	Addition	1
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-2IP TifLE Delete TifLE NAME STREET ADDRESS CITY-ST-2P City STREET ADDRESS STREET ADDRESS CITY-ST-2P City 12. L 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 baccurate 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 trustate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Stor-22C-344004	NAME STREET ADDRESS	- /	Deleie	NAM STRE	IÉ Et address						C) Change	Addition	
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-2IP 12. L 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SCI-23C-344004	NAME STREET ADDRESS		Delete	NAM STR	E Et address				<u></u>		Change	Addition	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under cath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS		🗍 Delete	NAM Stre	E Et address						Change	Addition	
SIGNATURE:	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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.												
	SIGNAT		INTED NAME OF SIGNATION	OR GIREC	FOR		r.f.	24	03	SZ 	Claysime Phone #	34404	}