

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90018 024 ***150.00

DOCUMENT # P99000023053

1. Entity Name
GRAJIRENA INTERNATIONAL, INC.

Principal Place of Business

1032 MARINE STREET
 CLEARWATER FL 33755

Mailing Address

1032 MARINE STREET
 CLEARWATER FL 33755

2. Principal Place of Business

1986 Brae Moor Dr
 Suite, Apt. #, etc.

3. Mailing Address

1986 Brae Moor Dr
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Dunedin FL

City & State
 Dunedin FL

4. FEI Number **59-3562627**

Applied For
 Not Applicable

Zip 34698 Country USA

Zip 34698 Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAJIRENA, RICHARD A
 1032 MARINE STREET
 CLEARWATER FL 33755

Name

Street Address (P.O. Box Number is Not Acceptable)
 1986 Brae Moor Drive

City Dunedin FL Zip Code 34698

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

4-13-01

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 PD
 NAME GRAJIRENA, RICHARD
 STREET ADDRESS 1032 MARINE STREET
 CITY-ST-ZIP CLEARWATER FL 33755 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1986 Brae Moor Drive
 CITY-ST-ZIP Dunedin FL 34698

TITLE SD
 NAME GRAJIRENA, VALERIE
 STREET ADDRESS 1032 MARINE STREET
 CITY-ST-ZIP CLEARWATER FL 33755 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1986 Brae Moor Drive
 CITY-ST-ZIP Dunedin FL 34698

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01

Date

Daytime Phone #

727-738-5155

CR2E034 (10/00)