## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 02, 2002 8:00 am Secretary of State DOCUMENT# P99000034411 1. Entity Name 02-13-2002 90225 017 \*\*\*150.00 ADAM GRANT DESIGN, INC. Principal Place of Business Mailing Address 550 SW 13 AVENUE 550 SW 13 AVENUE FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0924024 Not Applicable \$8.75 Additional Fee Required Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent --7. Name and Address of New Registered Agent GRANT, ADAM Street Address (P.O. Box Number is Not Acceptable) 550 SW 13 AVENUE FT. LAUDERDALE FL 33312 City Zip Code pmlts this statement for the pu<u>rp</u>ose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature / :crized when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01) Delete 🗆 ☐ Change ☐ Addition UNE TIT! F GRANT, ADAM NAME NAME CR2E034 550 SW 13 AVENUE STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change Delete TITLE **PST** NAME GRANT, ADAM NAME STREET ADDRESS STREET ADDRESS 550 SW 13 AVENUE FT. LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Dalete TITLE ☐ Change ☐ Addition RITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 suppliemental 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 indicate 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 propowered.

FILED

SIGNATURE: