

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045221

1. Entity Name

GRASSANO ACCOUNTING, P.A.

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

03-08-2000 90033 016 ***158.75

Principal Place of Business

1515 NORTH FEDERAL HWY. STE. 218
BOCA RATON FL 33432

Mailing Address

1515 NORTH FEDERAL HWY. STE. 218
BOCA RATON FL 33432-1952

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

807 DOVER ST

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33487

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0919079

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRASSANO, N R
1515 NORTH FEDERAL HWY. STE. 218
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

807 DOVER ST

City

BOCA RATON

FL

Zip Code

33487

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

N. R. Grassano

3/4/00

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)

X

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.

0

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME GRASSANO, N R
STREET ADDRESS 1515 NORTH FEDERAL HWY. STE. 218
CITY-ST-ZIP BOCA RATON FL 33432

0 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

0 Change 0 Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

0 Change 0 Addition

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:

N. R. Grassano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/00

Date

561-395-0330

Daytime Phone #

CR2E034 (9/99)