

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90039 034 ***158.75

DOCUMENT # P99000045221

1. Entity Name

GRASSANO ACCOUNTING, P.A.

Principal Place of Business

Mailing Address

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

807 DOVER ST
 BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

900 N. Federal Hwy

Suite Apt. #, etc.

Suite Apt. #, etc.

City & State

City & State

BOCA RATON, FL

Zip

Country

Zip

Country

33432

USA

4. FEI Number

65-0919079

Applied For

Not Applicable

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

GRASSANO, N R
 807 DOVER ST
 BOCA RATON FL 33487

Name

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

City

FL

Zip Code

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) ☐

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

TITLE D
 NAME GRASSANO, N R
 STREET ADDRESS 900 N Federal Hwy #160
 CITY-ST-ZIP BOCA RATON, FL 33432 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President

3/16/01 385-0330

CR2E034 (10/00)

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