

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90024 023 ***150.00

DOCUMENT # P99000054431

1. Entity Name

GRAJADA TREES, INC.

Principal Place of Business

Mailing Address

C/O SBAS
7777 N. DAVIE RD. EXTENSION, SUITE 102B
HOLLYWOOD FL 33024

C/O SBAS
7777 N. DAVIE RD. EXTENSION, SUITE 102B
HOLLYWOOD FL 33024-2523

2. Principal Place of Business

602 NW 106 AVE

Suite, Apt. #, etc.

3. Mailing Address

602 NW 106 AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PLANTATION FL

City & State

PLANTATION FL

4. FEI Number

65-0930911

Applied For

Not Applicable

Zip

33324

Country

US

Zip

33324

Country

US

5. Certificate of Status Desired

☐

\$8.75 - Additional Fee Required

6. Name and Address of Current Registered Agent

CHEDIAK, MIRTA
7777 N. DAVIE ROAD EXT.
SUITE 102B
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name

DAVID MERRICK

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

602 NW 106 AVE

City

PLANTATION

FL

Zip Code

33324

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]

David W Merrick

1-17-00

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) ☒

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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MERRICK, DAVID**
STREET ADDRESS **7777 N. DAVIE RD. 102B**
CITY-ST-ZIP **HOLLYWOOD FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **602 NW 106 AVE**
CITY-ST-ZIP **PLANTATION FL 33324**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-00

954-472-3540