

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062095

1. Entity Name

GRANDI'S ATTIC, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90088 003 \*\*\*150.00

Principal Place of Business

4880 CALAMONDIN CIRCLE  
COCONUT CREEK FL 33063

Mailing Address

4880 CALAMONDIN CIRCLE  
COCONUT CREEK FL 33063-3846

2. Principal Place of Business

3. Mailing Address

4880 Calamondin Cir  
Suite, Apt. #, etc.

4880 Calamondin Cir  
Suite, Apt. #, etc.

City & State

Coconut Creek, FL

City & State

Coconut Creek, FL

4. FEI Number

65-0934494

Applied For

Not Applicable

Zip

33063

Country

USA

Zip

33063

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

IPPOLITO, ANTOINETTE  
4880 CALAMONDIN CIRCLE  
COCONUT CREEK FL 33063

7. Name and Address of New Registered Agent

Name

Same as left

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)

JAN. 05, 2000

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 P  
NAME IPPOLITO, ANTOINETTE  
STREET ADDRESS 4880 CALAMONDIN CIRCLE  
CITY-ST-ZIP COCONUT CREEK FL 33063 ☐ Delete

TITLE V  
NAME IPPOLITO, ARSENIO  
STREET ADDRESS 4880 CALAMONDIN CIRCLE  
CITY-ST-ZIP COCONUT CREEK FL 33063 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

JAN. 05, 2000 (954) 974-4060

Daytime Phone #

CR2E034 (9/99)