

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90222 013 \*\*\*150.00

**DOCUMENT # P99000074462**

1. Entity Name

**GRUSICA INTERNATIONAL CORPORATION**

Principal Place of Business

9810 NW 80 AVE  
 80  
 HIALEAH FL 33016

Mailing Address

9810 NW 80 AVE  
 80  
 HIALEAH FL 33016

00010430

2. Principal Place of Business

7000 SW 22 CT.

Suite, Apt. #, etc.

127-E

3. Mailing Address

7000 SW 22 CT.

Suite, Apt. #, etc.

127-E

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33317

Country

USA

Zip

33317

Country

U.S.A.

4. FEI Number

65-0973977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MONTES-GOMEZ, JOSE ATAHUALPA  
 9810 NW 80 AV 80  
 HIALEAH GARDENS FL 33016

7. Name and Address of New Registered Agent

Name

JOSE ATAHUALPA MONTES-GOMEZ

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

7000 SW 22 CT

127-E

City

DAVIE

FL

Zip Code

33317

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/9/01

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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	MONTES-GOMEZ, JOSE ATAHUALPA	
STREET ADDRESS	9810 NW 80 AV 80	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE ATAHUALPA MONTES-GOMEZ	
STREET ADDRESS	7000 SW 22 CT. # 127-E	
CITY-ST-ZIP	DAVIE, FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/01 (954) 6731097

Date

Daytime Phone #

CR2E034 (10/00)