

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90030 037 ***150.00

DOCUMENT # **P99000083130**
 1. Entity Name
GROKULATA CORP.

Principal Place of Business Mailing Address
16064 SW 83 TERR
MIAMI, FL 33193

00089764

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **16064 SW 83 TERR**
 Suite, Apt #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State **MIAMI FL**
 Zip **33193** Country **MIAMI-DADE**

4. FEI Number **63-0949692**
 Applied For Not Applicable

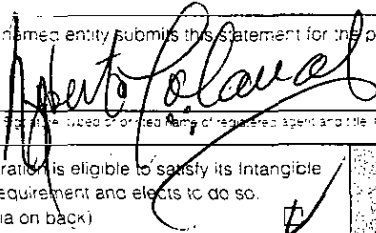
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **ROBERTO POLANCO**
 Street Address (P.O. Box Number is Not Acceptable)
16063 SW 83 TERR
 City **MIAMI FL** Zip Code **33193**

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  **ROBERTO POLANCO** **4-30-00**
NOTE: Registered Agent's signature required unless re-appointing.

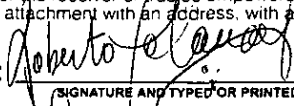
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	PRESIDENT
NAME		NAME	ROBERTO POLANCO
STREET ADDRESS		STREET ADDRESS	16064 SW 83 TERR
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI - FL - 33193
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	VICE-PRESIDENT
NAME		NAME	GLORIA POLANCO
STREET ADDRESS		STREET ADDRESS	16064 SW 83 TERR
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI - FL - 33193
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **ROBERTO POLANCO** **4-30-00** **(305) 385-5255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (01/00)