

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90908 046 ***158.75

DOCUMENT # P99000094505					
1. Entity Name GRI-BAN TECHNOLOGIES INC					
Principal Place of Business 11034 WEST FLAGLER ST MIAMI, FL 33177			Mailing Address SAME		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0956892			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☒			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JOSEPH D. WEEKS 11034 WEST FLAGLER ST MIAMI, FL 33177			7. Name and Address of New Registered Agent		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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 \$350.00 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	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	JOSEPH D. WEEKS P.D.	11034 WEST FLAGLER ST			
		MIAMI, FL 33177			
	JOSE E. GUILLEN V.P.	11040 WEST FLAGLER ST			
		MIAMI, FL 33177			
	YOLANDA GUILLEN	11040 WEST FLAGLER ST			
		MIAMI, FL 33177			
	MELISA A. WEEKS	11034 WEST FLAGLER ST			
		MIAMI, FL 33177			
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: _____			Date: 4 27 00 305 226 78 55		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		