

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90971 019 ***158.75

DOCUMENT # P99000105496
 1. Entity Name
GRAN-MAR, INC.

Principal Place of Business Mailing Address
 1851 CYPRESS CK DR. 10146 RICHARDSON CT
 SUITE C ORLANDO FL 32825
 ORLANDO FL 32837

B0057482



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 300 America St 300 America St
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Orlando FL Orlando FL

4. FEI Number 59-3610049 Applied For
 Not Applicable

Zip Country Zip Country
 32801 U.S. 32801 U.S.

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

6. Name and Address of Current Registered Agent
 BIJARRO, HOMERO
 5748 KINGSGATE DRIVE
 APARTMENT #C
 ORLANDO FL 32839

7. Name and Address of New Registered Agent
 Name: Homero Bizarro
 Street Address (P.O. Box Number is Not Acceptable)
 12650 Winfield Scott Blvd
 City Orlando FL Zip Code 32837

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]* 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, 2002 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	<input type="checkbox"/> Delete
NAME	BIJARRO, HOMERO	
STREET ADDRESS	5748 KINGSGATE DRIVE, APT. #C	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, CARLOS L	
STREET ADDRESS	10146 RICHARDSON COURT	
CITY-ST-ZIP	ORLANDO FL 32825	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Homero Bizarro	
STREET ADDRESS	12650 Winfield Scott Blvd	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos L. Martinez	
STREET ADDRESS	6060 Scotts Wood Glen # 102	
CITY-ST-ZIP	Orlando, FL 32825	
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 all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 01-14-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)