

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V12534

1. Entity Name

GILLES GRENIER ENTERPRISES, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90071 037 ***150.00

Principal Place of Business

Mailing Address

204 NE 2ND AVENUE
SUITE 301
DANIA FL 33004
US

204 N.E. 2ND AVE.
SUITE 301
DANIA FL 33004-4811
US

2. Principal Place of Business

3. Mailing Address

204 N.E. 2nd AVENUE

204 N.E. 2nd AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DANIA FL

City & State

DANIA FL

4. FEI Number

65-0312739

Applied For

Not Applicable

Zip

33004

Country

USA

Zip

33004

Country

USA

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

GRENIER, GILLES
206 SE 10TH ST
APT 301
DANIA FL 33004

Name

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

204 N.E. 2ND AVENUE

City

DANIA

FL

Zip Code

33004

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

Gilles Grenier

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GRENIER, GILLES	
STREET ADDRESS	204 NE 2ND AVENUE	
CITY-ST-ZIP	DANIA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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)(l), 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:

Gilles Grenier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GILLES GRENIER

Date

1/18/00

954-923-5079

Daytime Phone #

CR2E034 (9/99)