2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

V32650 **DOCUMENT #**

1. Entity Name

JAIME GRUB ASSOCIATES, INC.



FILED Apr 21, 2003 8:00 am § Secretary of State

04-21-2003 90406 013 ***150.00

Principal Place of Business 2814 N 46TH AVE SUITE 675 HOLLYWOOD FL 33021 US			Mailing Address 2814 N 46TH AVE SUITE 675 HOLLYWOOD FL 33021 US					
2. Principal Place of Business			3. Mailing Address				-	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES	
City & State			City & State				. 4. FEI Number 65-0329632 Applied For Not Applicable	
Zip	Zip Country			Zip Cour			5. Certificate of Status Desired	
	6. Name	and Address of Current I	Registered Agent				7. Name and Address of New Registered Agent	
The second secon					- Name	Name		
Frieser,	DIANA G E	SQ.	-			Street Address (P.O. Box Number is Not Acceptable)		
5220 SW	34TH TERR	$p_{\alpha} \lambda_{\alpha} p_{\alpha}$				Addiess ((1.0. Box (Valliper is two receptable)	
HOLLYWO	OD FL 333	112		ļ				
		•		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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Make Check Payable to Florida Department of State Trust Fund Contribution. Added to							Trust Fund Contribution. Added to Fees	
10.		OFFICERS AND I	DIRECTORS	•	11.	1 - 0	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	0 tC		Delete	TITLE	OP	SB JAIME ☐ Change ☐ Addition	
NAME	GRUB, JAI	ime Ay harbor dr #3B			NAME	GRU	4 N. 464 Ave. H675	
STREET ADDRESS CITY-ST-ZIP	BAY HARE				STREET ADDRESS CITY-ST-ZIP	Holl	lywood F1 33021	
TITLE	DSTV			Delete	TITLE	Nat	Change	
NAME	Grub, eli				NAME	GRU	3 B Elena H N. 46a Aug . H 675	
STREET ADDRESS		AY HARBOR DR #3B			STREET ADDRESS	28/	HN. 46ª #100 · 17 8 13	
CITY-ST-ZIP	BAY HARE	BOR FL			CITY-ST-ZIP	Holl	ywood F1 33021	
TITLE				Delete	TITLE		Change Addition	
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STREET ADDRESS					STREET ADDRESS	: [
CITY-ST-ZIP		ı			CITY-ST-ZIP			
12. Thereby 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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all otter the empowered.								

SIGNATURE:

3054316879