

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V37500**

1. Entity Name

GRANDA ASSOCIATES, INC

Principal Place of Business

Mailing Address

**780 NW LE JUNE RD # 516
MIAMI, FL 33126**

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

65-0336843

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

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

City

State

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

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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	JASSIR, LUIS SAIEH	
STREET ADDRESS	780 NW LE JUNE RD. #516	
CITY-STATE-ZIP	MIAMI, FL 33126	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	JASSIR, ABOALA SAIEH	
STREET ADDRESS	780 NW LE JUNE RD. #516	
CITY-STATE-ZIP	MIAMI, FL 33126	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MUDDI MOISE SAIEH	
STREET ADDRESS	780 NW LE JUNE RD #516	
CITY-STATE-ZIP	MIAMI, FL 33126	
TITLE	DNT	<input type="checkbox"/> Delete
NAME	SAIEH, CARLOS	
STREET ADDRESS	780 NW LE JUNE RD. 516	
CITY-STATE-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 liquidator 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90409 033 ***150.00

DO NOT WRITE IN THIS SPACE



C. Moises Saieh

1/17/01