

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90123 005 \*\*\*150.00

**DOCUMENT # K19616**

1. Entity Name

**LA HERRADURA DE PALM BEACH, INC.**

Principal Place of Business

**251 ROYAL PALM WAY, STE 602  
C/O MENDOZA AND CALLAS  
PALM BEACH FL 33480**

Mailing Address

**251 ROYAL PALM WAY, STE 602  
C/O MENDOZA AND CALLAS  
PALM BEACH FL 33480**

**C0014396**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0043304**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DE MENDOZA, MARLO G III  
C/O MENDOZA AND CALLAS  
251 ROYAL PALM WAY, SUITE 602  
PALM BEACH FL 33480**

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

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 AS ☐ Delete  
NAME DE MENDOZA, MARIO G. III  
STREET ADDRESS 251 ROYAL PALM WAY  
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PST- ☐ Delete  
NAME GRACIDA, GUILLERMO  
STREET ADDRESS 251 ROYAL PALM WAY  
CITY-ST-ZIP PALM BEACH FL

TITLE PS ☒ Change ☐ Addition  
NAME GRACIDA, GUILLERMO  
STREET ADDRESS 251 Royal Palm Way, #602  
CITY-ST-ZIP Palm Beach, FL 33480

TITLE AS ☐ Delete  
NAME WILKINSON, DEBRA  
STREET ADDRESS 251 ROYAL PALM WAY  
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GRACIDA, GUILLERMO  
STREET ADDRESS 251 ROYAL PALM WAY  
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition  
NAME GRACIDA, EVE OLIVER  
STREET ADDRESS 251 Royal Palm Way, #602  
CITY-ST-ZIP Palm Beach, FL 33480

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *X*

*Guillermo Gracida* Guillermo Gracida  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF President

Date

(561) 798-4860

Daytime Phone #

CR2E034 (10/00)