2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 99 000007 390, 2						
GRACE INTERNATIONAL, INC				FILED		
				01 JUL 25 PM 3: 28		
Principal Place of Business Mailing Address 3300 PEMBROKE RD C/O GUY D. SPEI			ER DUT	₽ c₽A		
HOLLYWOOD FL 33021 8982 TAFT 57				ET	SEGRETARY OF STATE TATERAHASSEETELORIDA	
PEMBROKE PINES, FL 33023						
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			REINSTATEMENT OF	
City & State		City & State			4. FEI Number 65 - 1025/18 Applied For Not Applicable	
Zip	Country	Zip	Country		Certificate of Status Desired	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent		
BISHOP FOEL R. JEHNE			Name			
3300 PEMBROKE RD #22				Address (P.O. Box Number is Not Acceptable)	
"HOLLYWOOD, FL 33021						
	·		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 Rev. Jack L. June 7/9/01						
Signature, typed or pinted name of registary ligant and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
FILE NOW: \$- Election Campaign Financing \$5:00 May 8e						
i dalakan dalah da	EE IS \$61.25	Trust Fund Contributi	ion.	Added	to Fees Department of State	
10. P	PESI DE OFFICERS AND DIR		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	BISHOP JOEL R.	JEHNE DP	: TITLE : NAME	110	4 THOMAS ROAD Change Addition S	
STREET ADDRESS 14	.о. вох 3300 р	EMBROKE RD	STREET ADDRESS CITY-ST-ZIP		LLYW008, FL 33023	
	OLLY WOOD, FL ICE-PRESIDENT	Delete DVP	TITLE		Change Addition States Additio	
NAME		الاست کے ا	NAME	114		
STREET ADDRESS 3	ORIS L. JEHA 300 PEMBROKE FOLLYWOOD FL	8D 33021	STREET ADORESS CITY-ST-ZIP		LLYWOOD FL 33023	
<u> </u>	ECRETARY	Delete DS	TITLE		☐ Change ☐ Addition	
STREET ADDRESS N	ICOLE REYES -	TELASCO DE	NAME STREET ADDRESS		600004526416\$ -08/09/0101015004	
C	STA NW 6TH	330'71	CITY-ST-ZIP	-	****236_25	
TITLE NAME		Delete	TITLE NAME		6000045264169	
STREET ADDRESS CITY-ST-ZIP		·	STREET ADORESS CITY-ST-ZIP		-08/09/0101015005 *****61.25 *****61.25	
TITLE		☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS			NAME STREET ADORESS		A Q	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZIP	<u> </u>	LS	
TITLE	•	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS	-		STREET ADORESS			
CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: PM POR R. JOEL R JEHNE 5/1/01 (954) 983-3405						
SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daysme Prone #						