

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-01-2001 90061 022 ***150.00

DOCUMENT # P00000020230

1. Entity Name
DAWN GRACE-JONES, P.A.

Principal Place of Business 20607 NW 15TH AVE MIAMI FL 33169	Mailing Address 20607 NW 15TH AVE MIAMI FL 33169
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3600 South State Rd 7

3. Mailing Address

Suite, Apt. #, etc.
Ste 355

Suite, Apt. #, etc.

City & State
MIRAMAR, FL

City & State

4. FEI Number
65-0986835

Applied For
 Not Applicable

Zip
33023

Country
USA

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

**GRACE-JONES, DAWN E ESQ
 20607 NW 15TH AVE
 MIAMI FL 33169**

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D GRACE-JONES, DAWN E ESQ 20607 NW 15TH AVE MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dawn Grace-Jones* **DAWN GRACE-JONES** Date: 1/17/01 Daytime Phone # _____

CR2E034 (10/00)