

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90084 046 ***150.00

DOCUMENT # P01000029981

1. Entity Name
SAVING GRACE INTERNATIONAL, INC.

Principal Place of Business

~~6900 S.W. 109TH PLACE~~
MIAMI FL 33173

Mailing Address

~~6900 S.W. 109TH PLACE~~
MIAMI FL 33173

2. Principal Place of Business

625 Almeria Ave

3. Mailing Address

625 Almeria Ave

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.

3

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

4. FEI Number

65-1085645

Applied For

Not Applicable

Zip

33134

Country

Zip

33134

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BRINEGAR, BOBBIE
~~6900 S.W. 109TH PLACE~~
~~MIAMI FL 33173~~

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
625 Almeria Ave
 City **Coral Gables** **FL** Zip Code **33134**

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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D			<input checked="" type="checkbox"/>
	AVILA, CAROLYN	6900 S.W. 109TH PLACE	MIAMI FL 33173	
	PRES; DIRECTOR			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	PRES; DIRECTOR			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Bobbie Ann Brinegar	625 Almeria Ave #3	CORAL GABLES FL 33134		
	Director			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	JAMIE BRINEGAR	625 Almeria Ave	CORAL GABLES FL 33134		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Bobbie Ann Brinegar**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/17/02** Daytime Phone #: **305-445-2818**

CR2E034 (9/01)