2003 NOT-FOR-PROFIT CORPORATION

## Apr 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N0100000735 04-21-2003 91132 001 \*\*\*\*\*8.75 FUNDACION LA GRACIA, INC. 04-21-2003 91132 002 \*\*\*\*61.25 Principal Place of Business Mailing Address 5601 FORREST STREET 5601 FORREST STREET HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 04-3688912 Not Applicable .Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GALINDO, JUAN C Street Address (P.O. Box Number is Not Acceptable) 5601 FORREST STREET HOLLYWOOD FL 33021 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 50 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change Addition MALGARET, JUAN P NAME NAME 172 S.W. 58 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317 CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete LEIVA, OSCAR NAME NAME 1301 N.W. 65 TERRACE STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33024 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE GALINDO, JUAN C NAME NAME 5601 FORREST STREET STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIE CITY-ST-ZIP ☐ Change TITLE Delete **Addition** TITLE RODRIGUEZ DIANA <del>COCAINE, GREGO</del>RY NAME NAME 3581 N.W<del>. O AVENU</del>E 2789 SW 47 51 STREET ADDRESS STREET ADDRESS OAKLAND <del>Park (\*1: 323</del>09 Fortlanderdale, FL 33312 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

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.

MARIGARET JUAN