

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000048**

1. Entity Name

GRACELAND & ASSOCIATES, LTD.

FILED

01 MAY 29 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11786 S.W. 90TH TERRACE
MIAMI FL 33186

Mailing Address

11786 S.W. 90TH TERRACE
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0892778

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

MJH



6. Name and Address of Current Registered Agent

HARRIS, ELLIOTT ESQ
111 S.W. 3RD STREET, SIXTH FLOOR
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name **DOMINGO MONSO**

Street Address (P.O. Box Number is Not Acceptable)

301 AMERICA AVE Suite 103

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)

1/10/01
DATE

9. Capital Contributions
as Shown on record.

\$5,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$ 300,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P96000072385**
NAME **GRAGON, INC.**
STREET ADDRESS **11786 S.W. 90TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33186**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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FF \$526.25

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/12/01

Date

(305) 271-3715

Daytime Phone #