

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 APR 17 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0010893 AT

DOCUMENT # A99000000048

1. Entity Name

GRACELAND & ASSOCIATES, LTD.

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

10480 S.W. 138th St.

Suite, Apt. #, etc.

3. Mailing Address

10480 S.W. 138th St.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0892778

Applied For

Not Applicable

Zip

33176

Country

Zip

33176

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DOMINGO, ALONSO

301 ALMERIA AVE., SUITE 103

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$300,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

526.25

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

10480 S.W. 138th St.

CITY-ST-ZIP

Miami, Florida 33176

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900005315509--0  
-04/22/02--01126--006  
\*\*\*\*526.25 \*\*\*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

Orlando Gonzalez

4/11/02 (786) 200 6759

Date

Daytime Phone #

CR2E003 (9/01)