

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State
 03-28-2000 90066 015 ***150.00

DOCUMENT # F77774

1. Entity Name

GRACE TRAVEL AGENCY, INC.

Principal Place of Business

Mailing Address

1201 U.S. #1, SUITE 31
 NORTH PALM BEACH FL 33408

1201 U.S. #1, SUITE 31
 NORTH PALM BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2190731**

Applied For
 Not Applicable

Zip

Country

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

CHRISTENSON, GRACE
11502 MYRTLE OAK CT
PALM BCH GARDENS FL 33410

Name **LINDA KAROSAS**
 Street Address (P.O. Box Number is Not Acceptable)

1295 LANDS END RD

City **MANALAPAN**

FL

Zip Code **33462**

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 *Linda Karosas*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/00

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, 2000 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 **DP** ☐ Delete
 NAME **CHRISTENSON, GRACE**
 STREET ADDRESS **1201 US HWY ONE**
 CITY-ST-ZIP **N PALM BEACH FL**

TITLE **DA** ☒ Change ☐ Addition
 NAME **LINDA KAROSAS**
 STREET ADDRESS **1201 US HWY ONE #31**
 CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

Linda Karosas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/00 561-626-1115

CR2E034 (9/99)