

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90166 029 ***150.00

DOCUMENT # F98000004875

1. Entity Name
GRACELAND TRADING CORPORATION



Principal Place of Business
**1001 BRICKELL BAY DRIVE SUITE 2908
MIAMI, FL 33131 US**

Mailing Address
**1001 BRICKELL BAY DRIVE SUITE 2908
MIAMI, FL 33131 US**

10061272

2. Principal Place of Business
169 EAST FLAGLER ST

3. Mailing Address
169 EAST FLAGLER ST

Suite, Apt. #, etc.
Suite 1118

Suite, Apt. #, etc.
Suite 1118

City & State
Miami, FL

City & State
Miami, FL

Zip
33131

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
52-2525425

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SLC CORPORATE SERVICE, INC
1001 BRICKELL BAY DRIVE
SUITE 2908
MIAMI, FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ Delete
NAME **GARCES, FERNANDO**
STREET ADDRESS **1001 BRICKELL BAY DRIVE SUITE 2908**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **V** ☐ Delete
NAME **FUJISTING, CARLOTA A**
STREET ADDRESS **1001 BRICKELL BAY DRIVE SUITE 2908**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 607, 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.

SIGNATURE: _____ 4/7/03 305-358-4466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)