

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001545 AF

**DOCUMENT-#** L00000002788

**1. Entity Name**  
GRACE CAPITAL, LLC

FILED

01 MAR -5 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
C/O JAY A. BERNSTEIN  
825 THIRD AVENUE, 40TH FLOOR  
NEW YORK NY 10022

**Mailing Address**  
C/O JAY A. BERNSTEIN  
825 THIRD AVENUE, 40TH FLOOR  
NEW YORK NY 10022

**2. Principal Place of Business**  
5550 GLADES RD  
Suite, Apt. #, etc.  
305  
City & State  
BOCA RATON FL  
Zip  
33431

**3. Mailing Address**  
5550 GLADES RD  
Suite, Apt. #, etc.  
305  
City & State  
BOCA RATON FL  
Zip  
33431

**4. FEI Number**  
13-4124101

**Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD., SUITE 508  
MIAMI FL 33156

**7. Name and Address of New Registered Agent**  
Name  
JAY BERNSTEIN  
Street Address (P.O. Box Number is Not Acceptable)  
5550 GLADES RD  
SUITE 305  
City  
BOCA RATON FL Zip Code  
33431

**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 Jay Bernstein DATE 2/1/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER JAY BERNSTEIN 5550 GLADES RD, SUITE 305 BOCA RATON, FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003829461--6 -03/09/01--01142--023 *****100.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

SIGNATURE: Jay Bernstein DATE 2/1/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)