2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State DOCUMENT # N00000004792 1. Entity Name 05-17-2001 90380 014 ****70 00 GRACE'S FAMILY REUION FOUNDATION, INC. Mailing Address Principal Place of Business 1870 N.W. 70 STREET 1870 N.W. 70 STREET 551237 MIAMI FL 33147 MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Ziρ Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) GRACE, KAREN 1070 N.W. 44 STREET **MIAMI FL 33127** City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition D TITLE ☐ Delete TITLE GRACE, EVA M NAME NAME STREET ADDRESS 1870 N.W. 70 STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33147** CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME GRACE, GARY SR. NAME STREET ADDRESS STREET ADDRESS 1870 N.W. 70 STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33147** ☐ Addition ☐ Change TITLE □ Delete TITLE NAME GRACE, KAREN NAME STREET ADDRESS 1070 N.W. 44 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33127** Change Addition ☐ Delete TITLE NAME GRACE, GARY NAME STREET ADDRESS STREET ADDRESS 1870 N.W. 70 STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33147** Change ☐ Addition ☐ Delete TITLE TITLE GRACE, SHARON NAME NAME STREET ADDRESS 1870 N.W. 70 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33147** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 617, 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.

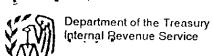
CITY-ST-7IP

SIGNATURE:

WWAIL F. STAQUERED

5/8/01(305)836-6014

FILED



Alfordment

PHILADELPHIA, PA 19255

In reply refer to: 2347014582 June 16, 2000 LTR 147C 65-0961125 200012 06 000

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GRACES FAMILY REUNION % EVA GRACE TRUSTEE 1870 NW 70TH ST

MIAMI FL 33147-6930707

#N0000004797

Employer Identification Number: 65-0961125
IRS Control Number:

Dear Taxpayer:

Thank you for the inquiry of June 07, 2000.

Your employer identification number (EIN) is 65-0961125. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number	•)	Hours
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We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

_Sincerely_yours,

Larry Leard

Chief, TPS Division, PA. District

Enclosure(s): Copy of this letter