

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90380 014 ****70.00

DOCUMENT # N000000004792

1. Entity Name

GRACE'S FAMILY REUION FOUNDATION, INC.

Principal Place of Business

**1870 N.W. 70 STREET
 MIAMI FL 33147**

Mailing Address

**1870 N.W. 70 STREET
 MIAMI FL 33147**

551237



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FFL Number
65-0961125

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GRACE, KAREN
 1070 N.W. 44 STREET
 MIAMI FL 33127**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **GRACE, EVA M**
 STREET ADDRESS **1870 N.W. 70 STREET**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE **D** ☐ Delete
 NAME **GRACE, GARY SR.**
 STREET ADDRESS **1870 N.W. 70 STREET**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE **D** ☐ Delete
 NAME **GRACE, KAREN**
 STREET ADDRESS **1070 N.W. 44 STREET**
 CITY-ST-ZIP **MIAMI FL 33127**

TITLE **D** ☐ Delete
 NAME **GRACE, GARY**
 STREET ADDRESS **1870 N.W. 70 STREET**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE **D** ☐ Delete
 NAME **GRACE, SHARON**
 STREET ADDRESS **1870 N.W. 70 STREET**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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

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.

SIGNATURE: *Signature* **REQUIRED**

5/8/01 (305) 836-6014

CR2E037 (10/00)



Department of the Treasury
Internal Revenue Service

PHILADELPHIA, PA 19255

Attachment

In reply refer to: 2347014582
June 16, 2000 LTR 147C
65-0961125 200012 06 000
02512

551237

#N00000004790

GRACES FAMILY REUNION
% EVA GRACE TRUSTEE
1870 NW 70TH ST
MIAMI FL 33147-6930707

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 _____

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