

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29174

1. Entity Name

GRACE TABERNACLE, INC.

Principal Place of Business

C/O OMAR J. CALLEJA
2600 HARRIS AVE
KEY WEST FL 33040
US

Mailing Address

C/O OMAR J. CALLEJA
P. O. BOX 2144
KEY WEST FL 33045
US

2. Principal Place of Business

3. Mailing Address

2600 HARRIS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Key West, FL

Zip

Zip

33040

Country

Country

Florida

05-12-2002 90660 009 ****70.00

FILED
May 12, 2002 8:00 am
Secretary of State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0111017

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALLEJA, OMAR J.
2600 HARRIS AVE
KEY WEST FL 33040

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
CALLEJA, OMAR J.
2600 HARRIS AVE
KEY WEST FL 33040

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
HERNANDEZ, ROSE
823 12TH ST.
KEY WEST FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
ALVAREZ, EMERALD
2600 HARRIS AVENUE
KEY WEST FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Enrique J. Calleja* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 (61) 745-8946
Daytime Phone #

CR2E037 (9/01)