

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

05-17-2001 90408 012 \*\*\*\*\*70.00

**DOCUMENT # N45202**

1. Entity Name

**GRACIA, FE Y AMOR, INC.**

Principal Place of Business

**7636 N.W. 186TH STREET  
 MIAMI FL 33015  
 US**

Mailing Address

**PO BOX 2643  
 HIALEAH FL 33012**

2. Principal Place of Business

**13400 GRIFFIN RD.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT. LAUDERDALE, FL.**

City & State

Zip

**33330**

**BROWARD**

Zip

Country

4. FEI Number

**65-0284780**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**HURTADO, JAIME B.  
 17130 N.W. 82ND AVE.  
 HIALEAH, FLA. 33015**

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 **P** ☐ Delete  
 NAME **HURTADO, JAIME B.**  
 STREET ADDRESS **1460 W 43RD PLACE #204**  
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **T** ☒ Delete  
 NAME **HURTADO, DORA**  
 STREET ADDRESS **1460 W. 43RD PLACE #204**  
 CITY-ST-ZIP **HIALEAH FL**

TITLE **S** ☐ Delete  
 NAME **REYES, BRENDA**  
 STREET ADDRESS **2623 NW 24TH STREET #3**  
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE **D** ☐ Delete  
 NAME **SANCHEZ, AMELIA**  
 STREET ADDRESS **492 E. 56TH ST.**  
 CITY-ST-ZIP **HIALEAH FL 33013**

TITLE **D** ☒ Delete  
 NAME **SANABRIA, NORA**  
 STREET ADDRESS **2775 W. 52ND ST. #310**  
 CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **D** ☒ Delete  
 NAME **MARTINEZ, ZENaida**  
 STREET ADDRESS **960 E. 4TH ST.**  
 CITY-ST-ZIP **HIALEAH FL 33010**

11.

TITLE **P**  
 NAME **HURTADO, JAIME B.**  
 STREET ADDRESS **17130 N.W. 82ND AVE.**  
 CITY-ST-ZIP **HIALEAH, FL. 33015**

TITLE **T**  
 NAME **BOYARSKY, LESLIE E.**  
 STREET ADDRESS **8558 N.W. 198TH TERR.**  
 CITY-ST-ZIP **MIAMI, FL. 33015**

TITLE **S**  
 NAME **REYES, BRENDA**  
 STREET ADDRESS **11363 S.W. 148TH ST.**  
 CITY-ST-ZIP **MIAMI, FL. 33076**

☐ Change ☐ Addition

TITLE **D** ☐ Change ☒ Addition  
 NAME **SANTOS, NORA T**  
 STREET ADDRESS **18225 N.W. 73 AVE. #108**  
 CITY-ST-ZIP **MIAMI, FL. 33015**

TITLE **D** ☐ Change ☒ Addition  
 NAME **HURTADO, MARIA E.**  
 STREET ADDRESS **17130 N.W. 82ND AVE.**  
 CITY-ST-ZIP **HIALEAH, FL. 33015**

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 OF JAIME HURTADO (P)**

**4-30-01 305-556-4479**

CR2E037 (10/00)