## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 16, 2002 8:00 am Secretary of State DOCUMENT # **N93000003340** 1. Entity Name 04-16-2002 90056 047 \*\*\*\*61.25 GRACE VILLAS II CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address Typical ace Some smooth inc. Management %THE TIMBERLANE GROUP, INC. 5050 N.W. 74TH AVENUE MI FL 23166 MIAMI FL 23166 Principal Place of Business 3. Mailing Address Hallmodale Bch. Blid. 10501 NW-36 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 806 Applied For 4. FEI Number City & State 65-0568537 Miami Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired 33166 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ffices Street Address (P.O. Box Number is Not Acceptable) DUGGER, ROBERT A SR. %THE TIMBERLANE GROUP, INC. 920 E. Hullandale Beach Blvd. #806 5050 M.W. 747H AVENUE MHAMI FL/33166 8. The above named entity submits this he purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **Wake Check Payable to** \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01 ☐ Addition Change ■ Delete TITLE TITLE JACOB, JOSE NAME NAME 8198 NW 10 ST STE 8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM/FL 35126 Change ☐ Addition SD ☐ Defete TITLE TITLE NAME NAME Batista, Nancy STREET ADDRESS STREET ADDRESS 8168 NW 10TH ST STE 5 CITY-ST-ZIP -CITY-ST-ZIP. MIAMI FL 33126-- 📅 - 🚾 - 🚾 -☐ Change ■ Addition TITLE TITLE Delete NAME FALCON, VERONICA NAME STREET ADDRESS STREET ADDRESS 8166 NW 10ST., #4 CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33126 PΡ Change ☐ Addition TITLE TITLE Mauricio Gomez 8,72 NW 10 Street, #4 Mauricio NAME NAME STREET ADDRESS STREET ADDRESS MIAMI\_F1 33126 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attachme

Date

FILED

Daytime Phone #