

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2003 8:00 am
Secretary of State

08-20-2003 90051 017 *****70.00

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DOCUMENT # N93000003340

1. Entity Name

GRACE VILLAS II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

%THE TIMBERLANE MANAGEMENT
6501 N W 36TH STREET SUITE 385
MIAMI FL 33166
US

Mailing Address

1920 E HALLANDALE BEACH BLVD
SUITE 806
HALLANDALE FL 33009
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0568537**

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

LAW OFFICE OF ERIC M GLAZER, P.A.
1920 E HALLANDALE BEACH BLVD
SUITE 806
HALLANDALE FL 33009

Name **Glazer and Associates, P.A.**

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

1920 E. Hallandale Beach Blvd, #806
City **Hallandale** FL Zip Code **33009**

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	GOMEZ, MAURICIO	
STREET ADDRESS	8172 NW 10 STREET #4	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	SD	☒ Delete
NAME	BATISTA, NANCY	
STREET ADDRESS	8166 NW 10TH ST STE 5	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	TD	☒ Delete
NAME	FALCON, YERONICA	
STREET ADDRESS	8166 NW 10ST, #4	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary	☒ Change ☐ Addition
NAME	Ramos, Mercedes	
STREET ADDRESS	8172 N.W. 10 St. #1	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	Treasurer	☒ Change ☐ Addition
NAME	Perez, Adela	
STREET ADDRESS	8166 N.W. 10 St. #3	
CITY-ST-ZIP	Miami, FL 33126	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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

8/1/03

(305) 470-5220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)