

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000153

1. Entity Name

GRACES OF AMERICA, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90069 023 ****70.00

Principal Place of Business

6601 SW 137TH COURT-STE. A
MIAMI FL 33183

Mailing Address

6601 SW 137TH COURT-STE. A
MIAMI FL 33183-2267

2. Principal Place of Business

same

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0458761

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANTILLA, GILBERTO
6601 SW 137TH COURT-STE. A
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name

n/a

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 PD ☐ Delete
NAME MANTILLA, GILBERTO L
STREET ADDRESS 6601 SW 137TH CT, STE A
CITY-ST-ZIP MIAMI FL 33183

TITLE DTR ☐ Delete
NAME OGDEN, IRMA
STREET ADDRESS 2150 SANS SOVCI BLVD, APT A903
CITY-ST-ZIP N MIAMI FL 33181

TITLE TD ☐ Delete
NAME AGREDA, TARCILA B
STREET ADDRESS 6601 S.W. 137TH CRT. STE. A
CITY-ST-ZIP MIAMI FL 33183

TITLE VMS ☐ Delete
NAME KELLY, SARA
STREET ADDRESS 1155 100 ST
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154

TITLE D ☒ Delete
NAME OBDEN, WILLIAM F
STREET ADDRESS 2150 SANS SOVCI BLVD, APT 903
CITY-ST-ZIP N MIAMI FL 33181

TITLE DTR ☐ Delete
NAME GENAO, ESTEBAN MD
STREET ADDRESS 8299 S DIXIE HWY
CITY-ST-ZIP MIAMI FL 33143

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE D ☒ Change ☐ Addition
NAME KERMIT MANTILLA
STREET ADDRESS 6601 A SW 137 CT.
CITY-ST-ZIP MIAMI FL 33183

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:

GILBERTO L MANTILLA (PD) 4-20-2000 305-446-5531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #