

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90005 020 ****70.00

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1. Entity Name

GRACES OF AMERICA, INC.



Principal Place of Business

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

Mailing Address

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

54070131

2. Principal Place of Business
6831 S.W. 147 Av

3. Mailing Address
6831 S.W. 147 Av.

Suite, Apt. #, etc.
BLDG #1 Suite 4-D

Suite, Apt. #, etc.
Bldg. # 1 Suite 4-D

City & State **Miami Fl. 33193**

City & State **Miami Fl. 33193**

Zip
33193

Country
Miami Dade

Zip
33193

Country
Miami Dade

MOORE

CR2E037 (4/04)

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

7. Name and Address of New Registered Agent

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

Name **same name**

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

6831 S.W. 147 th Avenue BLDG #1 4-D

City **MIAMI**

FL **33193** 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. 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
Due By September 8, 2004**

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

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

TITLE
NAME VT
STREET ADDRESS UGARTE, EDUARDO
CITY-ST-ZIP 9705 SW 132 CT
MIAMI FL 33186 ☒ Delete

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

TITLE
NAME D
STREET ADDRESS KELLY, SARA M
CITY-ST-ZIP 1155 100TH ST BAY HARBOR ISLAND
MIAMI FL 33154 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME OLGA ARIAS DE ORREGO
STREET ADDRESS 6831 SW 147 Av B.1-4D
CITY-ST-ZIP Miami Fl 33193 ☐ Change ☒ Addition

TITLE D
NAME Amaury Perez N.D., Ph.D.
STREET ADDRESS 15090 SW 56 St. Miami Fl 33185
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE D
NAME Rolando A. Mantilla
STREET ADDRESS 6831 SW 147 Av B1-4D
CITY-ST-ZIP Miami Fl 33193 ☐ Change ☒ Addition

TITLE T-D
NAME Kelly, Sara M.
STREET ADDRESS same
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME Betty Cortina
STREET ADDRESS 15090 SW 56 St. Miami Fl 33185
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE D
NAME Brett Nin
STREET ADDRESS 15090 SW 56 St. Miami Fl 33185
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gilberto Mantilla 8.20.04 (cell) 786-564-9295