

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90024 036 ****61.25

DOCUMENT # N99000004957

1. Entity Name

GRACE ECONOMIC DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

3451 N.W. 207TH ST.
 OPA LOCKA FL 33056

3451 N.W. 207TH ST.
 OPA LOCKA FL 33056

2. Principal Place of Business

3. Mailing Address

3451 NW 207th St
 Suite, Apt. #, etc.

3451 NW 207th St
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Opalocka FL

Opalocka FL

4. FEI Number

65-0946290

Applied For

Not Applicable

Zip

Country

Zip

Country

33056

Dade

33056

Dade

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

ANDERSON, ANNETTE
3451 N.W. 207TH ST.
OPA LOCKA FL 33056

Name

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ANDERSON, ANNETTE	3451 N.W. 207TH ST.	OPA LOCKA FL 33056	<input type="checkbox"/>
TD	WALKER, CAROLYN	3451 N.W. 207TH ST.	OPA LOCKA FL 33056	<input type="checkbox"/>
SD	HARRIS, WILLIE H	18005 N.W. 44TH COURT	OPA LOCKA FL 33055	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Annette Anderson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4-22-02*
 Daytime Phone #: *305 624 9759*

CR2E037 (9/01)