

2002
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

GRACE Galleries, INC.

Principal Place of Business

Mailing Address

949 N. University DR
Coral Springs, Fla 33071
954-753-5501

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

949 N. University DR

CORAL SPRINGS,

City & State

CORAL SPRINGS

City & State

FLORIDA

Zip

Country

Zip

Country

33071

USA

33071

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~Juana Krause~~
9248 NW 14th
Coral Springs, FL
33071

Name

Jann GAINOUS

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

949 N. University DR

City

CORAL SPRINGS

State

FL

Zip Code

33071

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)

3/6/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Judith O'Hare-Sculi <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Sculi, Vice President <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Juana KRAUSE, Financial <input checked="" type="checkbox"/> Delete officer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert KRAUSE, Vice <input checked="" type="checkbox"/> Delete President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jann GAINOUS, President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 949 N. University DR CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jann GAINOUS, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 949 N. University DR CORAL SPRINGS FLORIDA 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

3/6/02

Date

954-753-5501

Daytime Phone #

FILED

02 MAR 12 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DO NOT WRITE IN THIS SPACE

ac 3/12

CR2E034 (5/01)