

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000034240****1. Entity Name**
GRAGE TRADING COMPANY**Principal Place of Business**
4718 S.W. 67TH AVENUE, UNIT B-12
MIAMI FL 33155**Mailing Address**
4718 S.W. 67TH AVENUE, UNIT B-12
MIAMI FL 33155**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

65-1014332

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****GRAGE, CLAUDIO**
4718 S.W. 67TH AVENUE, UNIT B-12
MIAMI FL 33155

Name

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

36 N.E. 1ST Street #825

City

Miami

FL

Zip Code

33132

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

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
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** **D** ☐ Delete
NAME **GRAGE, CLAUDIO**
STREET ADDRESS **4718 S.W. 67TH AVENUE, UNIT B-12**
CITY-ST-ZIP **MIAMI FL 33155**☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **NUNEZ-GRAGE, ANA MARIA**
STREET ADDRESS **4718 S.W. 67TH AVENUE, UNIT B-12**
CITY-ST-ZIP **MIAMI FL 33155**☐ Change ☐ Addition
TITLE
NAME
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**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

CLAUDIO GRAGE

Date

01/19/01

Daytime Phone #

(305) 533 1060



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)