

2002

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90737 024 \*\*\*550.00

**DOCUMENT #** P01000043577  
1. Entity Name  
**Gracia Enterprises, Corp.**

**B0123376**

DO NOT WRITE IN THIS SPACE

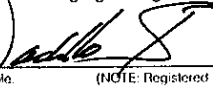
<b>2. Principal Place of Business</b> 5900 Collins Avenue		<b>3. Mailing Address</b> 5900 Collins Avenue	
Suite, Apt. #, etc. Apartment 2104		Suite, Apt. #: etc. Apartment 2104	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33140	Country USA	Zip 33140	Country USA

<b>4. FEI Number</b> 65-1104066	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**7. Name and Address of Current Registered Agent**

Name <b>Alvaro Castillo B., P.A.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1390 Brickell Avenue, Suite 200</b>	
City <b>Miami</b>	State <b>FL</b>
Zip Code <b>33131</b>	

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:  DATE: **5-22-02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		Additions/Changes to Officers and Directors	
TITLE <b>P</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Alejandro Gracia</b> 16711 Collins Avenue, #1804 Sunny Isles Beach, FL 33160	TITLE <b>P/D</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Alejandro Gracia</b> <input checked="" type="checkbox"/> Change 5900 Collins Avenue, Apt. 2104 Miami Beach, FL 33140
TITLE <b>VP</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Caterine A. Marin</b> 16711 Collins Avenue, #1804 Sunny Isles Beach, FL 33160	TITLE <b>VP/D</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Caterine Zapata</b> <input checked="" type="checkbox"/> Change 5900 Collins Avenue, Apt. 2104 Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Caterine Zapata** Vice President DATE: **5-22-02** Daytime Phone #: **(805) 579-5299**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)