

1 of 2

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUN 12 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P 01000055977

1. Entity Name

GRACO, CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

535 SW 66TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

02-03 UBR

City & State

MIAMI, FLORIDA

City & State

4. FEI Number

65-1129875

Applied For

Not Applicable

Zip

33144

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JADIEL OLIVIERA

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

535 SW 66TH AVENUE

City

MIAMI

FL

Zip Code

33144

**DO NOT WRITE
IN THIS SPACE**

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

Jadial Oliveira

06-09-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JADIEL OLIVIERA
535 SW 66TH AVENUE
MIAMI, FL 33144**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3/18/02 90002 045 - \$150.00

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**700021271687
07/02/03--01038--021 **750.00**

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other fee empowers.

SIGNATURE:

Jadial Oliveira

06-09-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

2012

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 300.00 for the annual report fee with my application.

We did not receive the ^{Fejeder} U.B.R. for the year, 2002 ☐ for any other notice from the Division of Corporations in respect with the Corporation **GRACO, CORP.**

Thank you for your courtesy in this matter.


JADIEL OLIVIERA
PRESIDENT