

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

4/1

04-17-2003 90222 050 \*\*\*150.00

**DOCUMENT # P02000069592**

1. Entity Name  
**GRACE AND HARRY, INC.**



Principal Place of Business  
**562003 ARBOR CLUB WAY  
BOCA RATON FL 33433**

Mailing Address  
**562003 ARBOR CLUB WAY  
BOCA RATON FL 33433**

2. Principal Place of Business

**8452 GRAND MESSINA CR**

Suite, Apt. #, etc.

3. Mailing Address

**8452 GRAND MESSINA CR**

Suite, Apt. #, etc.

City & State

**BOYNTON BEACH FL**

City & State

**BOYNTON BEACH, FL**

Zip

**33437**

Country

**PALM BEACH**

Zip

**33437**

Country

**PALM BEACH**

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ANILINE, AGU A  
562003 ARBOR CLUB WAY  
BOCA RATON FL 33433**

Name

**ANILINE, AGU A**

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

**8452 GRAND MESSINA CIRCLE**

City

**BOYNTON BEACH**

FL

Zip Code

**33437**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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 **CHAIRMAN, CEO** ☐ Delete  
NAME **ANILINE, AGU, ALFRED**  
STREET ADDRESS **8452 GRAND MESSINA CIR.**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 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

**ALFRED A. ANILINE**

**04/15/03**

**561-737-0141**

Date

Daytime Phone #

CR2E034 (10/02)