

# 2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P03000110527

1. Entity Name

GIL & GRACE, INC.

Principal Place of Business  
55 SW 2ND AVE 401G  
BOCA RATON, FL 33432

Mailing Address  
55 SW 2ND AVE 401G  
BOCA RATON, FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number

20-0285070

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 Now Registered Agent

FARIA, GILNEY

55 SW 2ND AVE 401G  
BOCA RATON, FL 33432

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 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

TITLE DIRECTOR ☐ Delete  
NAME FARIA, GILNEY  
STREET ADDRESS 55 SW 2ND AVE 401G  
CITY - ST - ZIP BOCA RATON, FL 33432

TITLE DIRECTOR ☐ Delete  
NAME WEIRICH, GRACE CALVITTE  
STREET ADDRESS 55 SW 2ND AVE 401G  
CITY - ST - ZIP BOCA RATON, FL 33432

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

12. 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  
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TITLE ☐ Change ☐ Addition  
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 qualified 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

04/13/2004

Date Daytime Phone #

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90292 022 \*\*\*150.00

94055179

DO NOT WRITE IN THIS SPACE