

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

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90191 019 ***150.00

DOCUMENT # P04000055972

1. Entity Name

GRACE BASKET Company, Incorporated

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8508 N.W. 96 St

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

City & State

MEDELY, FL.

City & State

SAME

4. FEI Number

76-0762828

Applied For

Not Applicable

Zip

33166

Country

MIAMI-DADE

Zip

SAME

Country

SAME

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

HIDEN L. PEREZ

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

518 E. 18 St

City

MIAMI, FL

FL

Zip Code

3313

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/06

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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	P	TITLE	
NAME	FRANK DURAN	NAME	
STREET ADDRESS	400 Kings Point Dr. #620	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33160	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/21/06