FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2007 8:00 am
Secretary of State
05-11-2007 90030 027 ***150.00

DOCUMENT # P-0-40000 55972

1. Entity Name

GRACE CASKET Co, Inc.

4-2007

DO NOT WRITE IN THIS SPACE

40111024

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2. Principal Place of Business: 5357 N.W. 35 CT
Suite, Apt. #, etc.
City & State: MIAMI, FL 33142-3203
Zip
Country: MIAMI

3. Mailing Address: SAME
Suite, Apt. #, etc.
City & State
Zip
Country: MIAMI

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: HIRAM L. PEREZ
Street Address (P.O. Box Number is Not Acceptable): 518 E. 18 ST
City: HIALEAH, FL. FL Zip Code: 33013

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) ☐

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	STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL. 33160	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	ROXANA DURAN	NAME	
STREET ADDRESS	400 Kings Point Dr	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH, FL 33160	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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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: Roxana Duran 4/28/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #