

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

FILED

03 OCT -6 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000079701

1. Entity Name

GRACE STONE CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2594 ALI-BABA AVE.

3. Mailing Address

7925 SHALIMAR ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OPA LOCKA, FL.

City & State

MIRAMAR, FL.

4. FEI Number

65-0764457

Applied For

Not Applicable

Zip

33054

Country

U.S.

Zip

33023

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LEON VAN VALKENBURG

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

7925 SHALIMAR ST.

City

MIRAMAR

FL

Zip Code

33023

**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

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

(NOTE: Registered Agent signature required when reinstating)

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	D/P
NAME	LEON VAN VALKENBURG
STREET ADDRESS	7925 SHALIMAR ST.
CITY-ST-ZIP	MIRAMAR, FL. 33023
TITLE	V
NAME	WILLIAM LAMONT
STREET ADDRESS	17927 N.W. 78th PLACE
CITY-ST-ZIP	MIAMI, FL. 33015
TITLE	V
NAME	GEORGE TALavera
STREET ADDRESS	761 JANN AVE.
CITY-ST-ZIP	OPA LOCKA, FL. 33054
TITLE	S/T
NAME	LORI VAN VALKENBURG
STREET ADDRESS	7925 SHALIMAR ST.
CITY-ST-ZIP	MIRAMAR, FL. 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	900023550079
CITY-ST-ZIP	10/03/03--01080--026 **\$61.25

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEON VAN VALKENBURG

10-01-03

Date

Daytime Phone #

954)
981-
8578

CR2E034B (12/02)

10/10/06