

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008167

1. Entity Name
GRACIE MANAGEMENT GROUP, INC.



Principal Place of Business
4900 LINTON BLVD
DELRAY BEACH FL 33445

Mailing Address
4900 LINTON BLVD
DELRAY BEACH FL 33445

FILED
03 SEP 10 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

| | | | |
|---|---------|--|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 65-0642651 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| BALENO, JOHN 4900 LINTON BLVD DELRAY BEACH FL 33445 | | 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BALENO, JOHN 4900 LINTON BLVD DELRAY BEACH FL 33445 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800023021748 09/12/03--01060--004 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

John Baleno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/03

Daytime Phone #

CR2E034 (4/03)

RHC Accounting and Tax Service

Robert H. Cohen

8333 W. McNab Road, Suite 127
Tamarac, Florida 33321
Telephone: (954) 722-1511
Facsimile: (954) 724-9963

August 28th, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Gracie Management Group, Inc.
EIN: 65-0642651
2003 UBR

To Whom It May Concern:

I am writing on behalf of our client Gracie Management Group, Inc. in regards to their 2003 Uniform Business Report. It was brought to our attention that the President John Baleno was out of town for several months for a family medical emergency. The manager that was taking care of the business while Mr. Baleno was out did not handle any activities dealing with such tax issues. Since Mr. Baleno has never been late in the past at paying such reports, he would appreciate if you would accept the enclosed check # 1889 for \$150.00 as payment in full and abate the penalties and interest that have incurred.

Mr. Baleno apologizes in advance, and is thankful for your cooperation in this matter. If there is anything that I may be of any assistance, please do not hesitate to call our office.

Sincerely,


Melany Roberts
For the firm