

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026569

1. Entity Name

GRACE ATLANTIC ADMISSIONS, INC.

Principal Place of Business

Mailing Address

23123 STATE RD 7
#223
BOCA RATON FL 33428
US

23123 STATE RD 7
#223
BOCA RATON FL 33428
US

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 65-0919834

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 New Registered Agent

LASNAUD, ALEXANDRE ESQ
23123 STATE RD 7
SUITE 245
BOCA RATON FL 33428

Name Sarah Loudon

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

23123 STATE Road 7 Boca Raton

Ste. 223

City

Boca Raton

FL

Zip Code

33428

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

Aarah Loudon

01-05-01

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, 2001 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 DV
NAME LOUDON, SYLVANIE
STREET ADDRESS 10231 FANFARE DR.
CITY-ST-ZIP BOCA RATON FL 33428 ☐ Delete

TITLE DS
NAME LOUDON, SARAH
STREET ADDRESS 10231 FANFARE DR.
CITY-ST-ZIP BOCA RATON FL 33428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DS
NAME Sarah Loudon
STREET ADDRESS 4824 NW 19th Street
CITY-ST-ZIP Coconut Creek FL 33063 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Aarah Loudon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-01 (561)451-9152

Date

Daytime Phone #

0296971

CR2E034 (10/00)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90078 029 ***150.00



DO NOT WRITE IN THIS SPACE

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