

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018872

1. Entity Name

GRACE ART GROUP, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90158 010 ***150.00

Principal Place of Business	Mailing Address
24950 SW 127 COURT PRINCETON FL 33032	24950 SW 127 COURT PRINCETON FL 33032-9096

2. Principal Place of Business 24950 SW 127 Ct	3. Mailing Address 24950 SW 127 Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Princeton Florida	City & State Princeton Florida
Zip 33032	Zip 33032
Country US	Country USA



4. FEI Number 65-0897486	Applied For <input checked="" 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

IGLESIAS, ADOLFO E
12010 SW 97 STREET
MIAMI FL 33186-2606

7. Name and Address of New Registered Agent

Name: Iglesias Adolfo E
Street Address (P.O. Box Number is Not Acceptable): 12010 SW 97 ST
City: Miami FL Zip Code: 33186

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUEVARA, GUILLERMO 24950 SW 127 COURT PRINCETON FL 33032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ruth Ventura 24950 SW 127 Court Princeton FL 33032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUEVARA, FERNANDO 24950 SW 127 COURT PRINCETON FL 33032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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

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: [Signature] 4/28/2000 305-288-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)