

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/28/00-90041-013-\$550.00-\$550.00

DOCUMENT # P99000062433

1. Entity Name

GRACE SECURITIES CORP.

Principal Place of Business

1101 BRICKELL AVE. 5TH FL. SOUTH TOWER  
MIAMI FL 33131

Mailing Address

1101 BRICKELL AVE. 5TH FL. SOUTH TOWER  
MIAMI FL 33131

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

69-0960690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

John Kaweske

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

1101 Brickell Ave, STE 501

City

Miami

FL

Zip Code

33131

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 fee if applicable.

(NOTE: Registered Agent signature required when retreating)

DATE

8-24-00

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

D

☐ Delete

NAME

KAWESKE, JOHN D  
1101 BRICKELL AVE, 5TH FL, SOUTH TOWER  
MIAMI FL 33131

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 OF REGISTERED AGENT

8-24-00

305-444-4403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)