

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080391

1. Entity Name

GRACE MANAGEMENT REALTY CORP.

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**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

08-24-2000 90027 003 \*\*\*150.00

Principal Place of Business  
 1960 N.E. 165TH ST.  
 NO. MIAMI BEACH FL 33162

Mailing Address  
 1960 N.E. 165TH ST.  
 NO. MIAMI BEACH FL 33162

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

65-0950967

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

NIEVES, LENNY  
 1960 N.E. 165TH ST.  
 NO. MIAMI BEACH FL 33162

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reissuing)

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME PD  
 NIEVES, LENNY  
 STREET ADDRESS 1960 N.E. 165TH ST.  
 CITY-ST-ZIP NO. MIAMI BEACH FL 33162 ☐ Delete

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

TITLE  
 NAME STD  
 DANIELS, THOMAS  
 STREET ADDRESS 1960 N.E. 165TH ST.  
 CITY-ST-ZIP NO. MIAMI BEACH FL 33162 ☐ Delete

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 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:

THOMAS DANIELS

8-22-00 305-945-1381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment Doc-#  
P99000080391

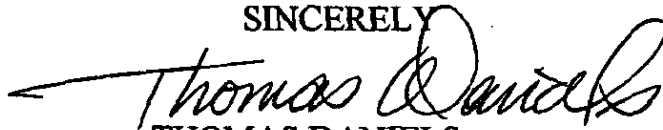
GRACE MANAGEMENT REALTY CORP. 309752  
1960 SOUTH GLADES DRIVE  
NORTH MIAMI BEACH FLORIDA 33162  
305-945-1381

8/22/2000

DEAR SIR,

AS PER THE PHONE INFORMATION  
YOU GAVE ME TODAY I AM WRITING TO REPORT THAT I DID  
NOT RECEIVE ANY INFORMATION FROM YOUR DEPARTMENT  
UNTIL LAST WEEK. I WOULD RESPECTIVELY ASK THAT YOU SET  
ASIDE THE \$400.00 EXTRA-FILE FEE FOR OUR CORP.

SINCERELY



THOMAS DANIELS  
GRACE MANAGEMENT CORP.

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