

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90007 031 ***150.00

DOCUMENT # P99000080391

1. Entity Name

GRACE MANAGEMENT REALTY CORP.

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 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 \$550.00
After September 12, 2001 Fee 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **NIEVES, LENNY**
 CITY-ST-ZIP **1960 N.E. 165TH ST.
 NO. MIAMI BEACH FL 33162**

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-23-01 305-945-1381

0142541 SP

CR2E034 (5/01)

64074320



DO NOT WRITE IN THIS SPACE

GRACE MANAGEMENT REALT COMPANY
1960 N.E. 165 STREET
N. MIAMI BRACH, FL 33162
305-945-1381

Attachment

Dr P9900008 0391

C6074320

July 23, 2001

Division of Corporations
Uniform Business Report Filings
Tallahassee, FL 32302-1500

To whom it may concern:

After speaking with your department last week, I was told to send a check for \$150 and explain that I never received the first report.

Therefore, the check is enclosed and I ask that you abate the penalty assessed.

Again, I and stating that I never received the first report.

I am thanking you in advance for your help in this matter.

Sincerely,



Thomas Daniels