

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N22827**

1. Entity Name

GROVE SQUARE CONDOMINIUM ASSOCIATION, INC.

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

05-24-2000 90193 022 ****70.00

Principal Place of Business

Mailing Address

2801 FLORIDA AVE.
 MIAMI FL 33133

2801 FLORIDA AVE.
 MIAMI FL 33133-1905

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0016544

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HYMAN, MICHAEL E
27TH FLOOR MUSEUM TOWER
150 W FLAGLER STREET
MIAMI FL 33130

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HESSEL, FRANK JAY 2801 FLORIDA AVE STE CL #12 COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHRAM, RONALD Y 139 N COUNTY RD STE 18C PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCGEE, FRANK 2801 FLORIDA AVE STE CL#12 COCONUT GROVE FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, JOHN 2801 FLORIDA AVE #401 COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRYOR, BRENDA 2801 FLORIDA AVENUE #231 COCONUT GROVE FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUACES, JOQUAIN 7425 SW 42ND AVE MIAMI FL 33155	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Hessel, Frank Jay 2801 Florida Avenue, Suite #12 Coconut Grove, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Brenda Pryor P.O. Box 101132 Ft. Lauderdale, FL 33310	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Morris, Pat 2801 Florida Avenue, Suite 12 Miami, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Luaces, Joaquin 3050 S. Dixie Highway MIAMI, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] SIGNATURE REQUIRED

4/26/00

(305)442-7404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)