

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90145 048 \*\*\*\*70.00

**DOCUMENT # N22827**

1. Entity Name

**GROVE SQUARE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2801 FLORIDA AVE.  
 MIAMI FL 33133

2801 FLORIDA AVE.  
 MIAMI FL 33133

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

**65-0016544**

Applied For

Not Applicable

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  Delete  
 NAME **S**  
 STREET ADDRESS **HESSEL, FRANK J**  
 CITY-ST-ZIP **2801 FLORIDA AVE STE, 12 COCONUT GROVE FL 33133**

TITLE  Change  Addition  
 NAME **S**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD**  
 STREET ADDRESS **SCHRAM, RONALD Y**  
 CITY-ST-ZIP **139 N COUNTY RD STE 18C PALM BEACH FL 33480**

TITLE  Change  Addition  
 NAME **PD**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD**  
 STREET ADDRESS **PRYOR, BRENDA**  
 CITY-ST-ZIP **PO BOX 101132 FT LAUDERDALE FL 33310**

TITLE  Change  Addition  
 NAME **TD Pryor, Brenda**  
 STREET ADDRESS **21218 St. Andrews Blvd. #216**  
 CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **DIAZ, JOHN**  
 CITY-ST-ZIP **2801 FLORIDA AVE #401 COCONUT GROVE FL 33133**

TITLE  Change  Addition  
 NAME **D Fitzgerald, Lars**  
 STREET ADDRESS **2801 Florida Avenue #219**  
 CITY-ST-ZIP **Miami, FL 33133**

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **MORRIS, PAT**  
 CITY-ST-ZIP **2801 FLORIDA AVE, STE 12 MIAMI FL 33133**

TITLE  Change  Addition  
 NAME **D Palacios, Pat**  
 STREET ADDRESS **2801 Florida Ave., Suite 12**  
 CITY-ST-ZIP **Miami, FL 33133**

TITLE  Delete  
 NAME **VD**  
 STREET ADDRESS **LUACES, JOAQUIN**  
 CITY-ST-ZIP **3030 S DIXIE HIGHWAY MIAMI FL 33133**

TITLE  Change  Addition  
 NAME **VD Luaces, Joaquin**  
 STREET ADDRESS **3191 Coral Way, Suite #107**  
 CITY-ST-ZIP **MIAMI, FL 33145**

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: *Frank J. Hessel* SECRETARY FRANK JAY HESSEL 3/12/02 305-529-9088

CR2E037 (9/01)