

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90426 001 ***300.00

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DOCUMENT # P97000069301

1. Entity Name
GROVE MIAMI HOLDINGS, INC.

Principal Place of Business Mailing Address
C/O PEDRO A. MARTIN. ESQ. **C/O PEDRO A. MARTIN. ESQ.**
1221 BRICKELL AVE 24TH FLOOR **1221 BRICKELL AVE 24TH FLOOR**
MIAMI FL 33131 **MIAMI FL 33131**

41238



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2700 TIGERTAIL AVE **2700 TIGERTAIL AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
3rd Fl. **3rd Fl.**
 City & State City & State
COCONUT GROVE, FL **COCONUT GROVE, FL**
 Zip Zip Country Country
33133 **33133** **USA** **USA**

4. FEI Number Applied For
13-3962449 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARTIN, PEDRO A ESQ
1221 BRICKELL AVE
24TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name
Darlene M. Serrano
 Street Address (P.O. Box Number is Not Acceptable)
2700 TIGERTAIL AVE
3rd Fl
 City FL Zip Code
COCONUT GROVE **33133**

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 **Darlene M Serrano** *Darlene M Serrano, V.P.* DATE **4/23/01**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD FAHEY, BRUCE 1221 BRICKELL AVE MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MADDEN, WILLIAM K 1221 BRICKELL AVE MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERGER, MARTIN G 1221 BRICKELL AVE MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SERRANO, DARLENE 1221 BRICKELL AVENUE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAHEY, BRUCE c/o McLann Inc. 1271 6th Ave. NEW YORK, NY 10020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MADDEN, William c/o McLann 1221 1271 6th Ave. NEW YORK NY 10020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERGER, MARTIN G c/o McLann Inc. 1271 6th Ave NEW YORK NY 10020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SERRANO, DARLENE c/o McLann, Inc. 1271 6th Ave New York, NY 10020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Darlene M. Serrano, V.P.* **Darlene M. Serrano** DATE **4/23/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
305-856-9998

CR2E034 (10/00)