

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL -9 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 197423

1. Entity Name  
SHIRLEY GROVES INC

Principal Place of Business  
11634 LOSANO DRIVE  
BOYNTON BEACH FL 33437  
US

Mailing Address  
11634 LOSANO DRIVE  
BOYNTON BEACH FL 33437  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-6062264

Applied For  
Not Applicable

Zip Country

Zip Country

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

RUVIN-HAFT, MARCY  
11634 LOSANO DRIVE  
BOYNTON BEACH FL 33437

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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 PD  
NAME RUVIN, HARVEY  Delete  
STREET ADDRESS 11634 LOSANO DRIVE  
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE  Change  Addition  
NAME 800006413428-3  
STREET ADDRESS -07/15/02--01083--022  
CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

TITLE D  
NAME RUVIN-HAFT, MARCY  Delete  
STREET ADDRESS 11634 LOSANO DRIVE  
CITY-ST-ZIP BOYNTON BEACH FL 33437

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
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 REQUIRED *Marcy Ruvin - Haft 7/2/2002 - 561-737-5253*

CRE034 (4/02)

Attachment

July 1, 2002

# 197423

**To Whom It May Concern,**  
**This is the first 2002 business Report that I**  
**have seen.**

**The past months have been very difficult for**  
**me as my husband has been in and out of the**  
**hospital. It is possible that it was mistakenly**  
**thrown out with the different medical help**  
**that we had collecting our mail and bringing**  
**it into me.**

**I would ask you therefore, if you would**  
**kindly reconsider and allow me to pay the**  
**original fee of \$150 which I am happy to**  
**enclose rather than penalize me.**

**I would be very grateful for this**  
**consideration.**

**Sincerely,**

**Marcy Ruvin Haft**  
**Shirley Groves Inc.**

*Marcy Ruvin Haft*  
*11634 Losons Dr*  
*Baynton Beach FL 33437*