1	ED

DOCUMENT # 197423  1. Entity Name SHIRLEY GROVES INC			02 JUL -9 PH 2:00		
Principal Place of Business  11634 LOSANO DRIVE  BOYNTON BEACH FL 33437  US  Mailing Address  11634 LOSANO DRIVE  BOYNTON BEACH FL 33437  US			SECRETARY OF STATE FALLAHASSEE, FLORIDA		
2. Principal Place of Business	3. Mailing Address		-		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	City & State		4. FEI Number 59-6062264	4. FEI Number 59-6062264 Applied Not Appl	
Zip Country		Country	5. Certificate of Status Desired	\$8.75 Ac	ditional
6. Name and Address of Current F	legistered Agent	Name	7. Name and Address of New	Registered Agent	
RUVIN-HAFT, MARCY 11634 LOSANO DRIVE BOYNTON BEACH FL 33437		Street Address (P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and the statement for the obligations of registered agent and the statement for the obligations of the o		City gistered office or registr		FL Zip Coolorida. I am familiar with	1
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW!!! After September 13, 20 Make Check Payable	FEE IS \$550.00 002 Fee will be \$750 to Department of St	3.00 10. Election Campaign Finals Trust Fund Contribution	~ _ \	00 May Be d to Fees
11. OFFICERS AND D  TITLE PD  RUVIN, HARVEY  STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437	IRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFF BCICCICC - -07/15/ ****13		Addition S
TITLE D NAME RUVIN-HAFT, MARCY STREET ADDRESS CITY-ST-ZIP:	□ Delete	TITLE  NAME  STREET ADDRESS  CITY_ST_ZIP_		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The state of the s	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  13. I hereby certify that the information supplied with the		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR)

## 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 Marcy Runin Haft

Shirley Groves Inc.

1/634 Lodons Dr. Bagaton Beach 72. 33437