

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90140 032 ***150.00

DOCUMENT # 206737

1. Entity Name
FANLYN GROVES, INC.



Principal Place of Business
**10621-D S.W. 113TH PLACE
SOUTH MIAMI FL 33176**

Mailing Address
**10621-D S.W. 113TH PLACE
SOUTH MIAMI FL 33176**

60013418



2. Principal Place of Business

10621-D S.W. 113th Place

3. Mailing Address

10621-D S.W. 113th PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

South Miami FL

South Miami, FL

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0825384**

Applied For

Not Applicable

Zip

Country

33176

USA

Zip

Country

33176

USA

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

**STREIFER, EVELYN
10621 D. S.W. 113 PL.
MIAMI FL 33176**

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **STREIFER, EVELYN**
STREET ADDRESS **10621 D SW 113 PL**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GARBUS, RUTH**
STREET ADDRESS **327 CENTRAL PARK WEST #4A**
CITY-ST-ZIP **NEW YORK CITY NY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **STREIFER, ROSLYN**
STREET ADDRESS **114 W 27TH ST APT #5S**
CITY-ST-ZIP **NEW YORK CITY, NY 00000**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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:

Evelyn Streifer **EVELYN Streifer** **2/25/03** **595-6341**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)