

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90212 027 ***150.00

DOCUMENT # 235723



1. Entity Name
OVERLOOK GROVES, INC.

Principal Place of Business
**4406 BRIDGES RD.
P.O. BOX 3A
ONA FL 33865-6701
US**

Mailing Address
**4406 BRIDGES RD.
P.O. BOX 3A
ONA FL 33865-6701
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6067262**

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

**WAGNER, DENISE
4521 MERCADO DR
SEBRING FL 33872**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	C	<input type="checkbox"/> Delete
NAME	ABRONS, HERBERT L.	
STREET ADDRESS	510 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHANG, JASON	
STREET ADDRESS	510 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VT	<input type="checkbox"/> Delete
NAME	ABRONS, RICHARD S.	
STREET ADDRESS	437 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	NATARAJAN, LATHA	
STREET ADDRESS	510 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARANOW, RITA A	
STREET ADDRESS	47 COLBY LANE	
CITY-ST-ZIP	SCARSDALE NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Latha Natarajan* **REQUIRED** Latha Natarajan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/03
Date

212-838-0131
Daytime Phone #

CR2E034 (10/02)