


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90043 049 ***150.00

DOCUMENT # 564988 1. Entity Name GROVE ISLANDS ESTATES, INC.					
Principal Place of Business % MURRAY MANTELL 9015 SW 78TH COURT MIAMI FL 33156			Mailing Address % MURRAY MANTELL 9015 SW 78TH COURT MIAMI FL 33156		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MANTELL, MURRAY I. 9015SW 78TH COURT MIAMI FL 33156				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD		<input type="checkbox"/> Delete		
NAME	MANTELL, MURRAY I.		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	9015 SW 78TH COURT		TITLE		
CITY-ST-ZIP	MIAMI FL		NAME		
TITLE	SD		STREET ADDRESS		
NAME	MANTELL, ROSE T.		CITY-ST-ZIP		
STREET ADDRESS	9015 SW 78TH COURT		TITLE		
CITY-ST-ZIP	MIAMI FL		NAME		
TITLE			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			TITLE		
CITY-ST-ZIP			NAME		
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CITY-ST-ZIP			NAME		
TITLE			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			TITLE		
CITY-ST-ZIP			NAME		
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: <u>Murray Mantell, Pres.</u> 4/1/04 305/291-4882 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



MOORE CR2E034 (11/03)

4. FEI Number **59-1787983** Applied For ☐ Not Applicable ☐

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

FL Zip Code

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MANTELL, MURRAY I.	
STREET ADDRESS	9015 SW 78TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MANTELL, ROSE T.	
STREET ADDRESS	9015 SW 78TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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SIGNATURE: Murray Mantell, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04
Date

305/291-4882
Daytime Phone #