

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR -9 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0012661 AT

DOCUMENT # A01000000189

1. Entity Name

PINEAPPLE GROVE, LTD.

Principal Place of Business

2325 S. OCEAN BLVD.
DELRAY BEACH FL 33483

Mailing Address

2325 S. OCEAN BLVD.
DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

2573 NW 59TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FLORIDA

Zip

Country

Zip

Country

33496

4. FEI Number

65-1078166

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SATALINO, MARTIN J
2325 S. OCEAN BLVD.
DELRAY BEACH FL 33483

Name MARTIN SATALINO

Street Address (P.O. Box Number is Not Acceptable)

2573 NW 59TH STREET

City BOCA RATON FL

FL Zip Code 33496

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE MARTIN SATALINO

4-5-02

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$7,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L01000001897
NAME PINEAPPLE GROVE, LLC
STREET ADDRESS 2325 S. OCEAN BLVD.
CITY-ST-ZIP DELRAY BEACH FL 33483

STREET ADDRESS 2573 NW 59TH STREET
CITY-ST-ZIP BOCA RATON FLORIDA 33496

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STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MARTIN SATALINO

Date

Daytime Phone #

4-5-02

561-542-7785

CR2E003 (9/01)