

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A11829**

1. Entity Name

OAK GROVE GROUP, LTD.

Principal Place of Business

15401 N.E. 6TH AVE.
N. MIAMI BEACH FL 33162

Mailing Address

% THE PALINDROME CORP.
250 WEST 57TH ST., #2003
NEW YORK NY 10107-2099
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2149018

Applied For

Not Applicable

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

EBIN, LINDA ESQ.

250 WEST 57TH STREET SUITE 2003
MIAMI FL 10107

Name

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

1399 S.W. First Avenue, 4th Floor

City

Miami

FL

Zip Code

33130

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$3,518,346.00

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 # 853639
NAME THE PALINDROME CORPORATION
STREET ADDRESS 250 WEST 57TH STREET, SUITE 2003
CITY - ST - ZIP NEW YORK NY 10107

STREET ADDRESS

CITY - ST - ZIP

500003192505-5

-04/03/00--01005--021

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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 REQUIRED

03/13/00

212-698-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)