

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A17381

1. Entity Name

GROVE PLAZA, LTD.

FILED

00 JAN 20 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2900 S.W. 28TH TERRACE
MIAMI FL 33133

Mailing Address

2900 S.W. 28TH TERRACE
MIAMI FL 33133-3766

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2431470**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TUTAN, G. VICTOR
2900 S.W. 28TH TERRACE
MIAMI FL 33133

Name

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

City

FL | Zip Code

7. Name and Address of New Registered Agent

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.

\$980,000.00

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

DOCUMENT # **H07666**
NAME **GROVE PLAZA, INC.**
STREET ADDRESS **2900 SW 28TH TERRACE**
CITY - ST - ZIP **MIAMI FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

GROVE PLAZA, INC
By: [Signature] TUTOR TUTAN, Pres

1-10-00

(850) 448-3939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #