

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23893**

1. Entity Name

MEDORA GROVES LTD.

Principal Place of Business

P.O. BOX 900596
HOMESTEAD FL 33090

Mailing Address

P.O. BOX 900596
HOMESTEAD FL 33090

FILED

2002 MAY -9 AM 11:36

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-2756040

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEDORA K. ALEMAN
17845 S.W. 296 ST.
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$1,481,864.00

10. Amount of Capital Contributions
in FLORIDA to date.

161,713.00

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 #	
NAME	KROME, JOHN E.
STREET ADDRESS	1322 MALLORY CT.
CITY-ST-ZIP	NORFOLK VA
DOCUMENT #	
NAME	KROME, WM. H.
STREET ADDRESS	15101 S.W. 200TH ST.
CITY-ST-ZIP	MIAMI FL
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
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CR2E003 (9/01)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

John E. Krome May 6, 2002 (757) 622-1796