

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F50573

1. Entity Name

DON BOSCO GROVES, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90013 030 ***158.75

Principal Place of Business

613 OCEAN DRIVE
8C
KEY BISCAYNE FL 33149
US

Mailing Address

613 OCEAN DRIVE
8C
KEY BISCAYNE FL 33149-2314
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2376707

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

HECHT, ALAN R
2670 NE 215TH STREET
MIAMI FL 33181

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	FOGLER, EDWARD	
STREET ADDRESS	613 OCEAN DRIVE TERR.	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HECHT, ALAN	
STREET ADDRESS	2670 NE 215 STREET	
CITY-ST-ZIP	MIAMI, FL 0	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edward Fogler, Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00 3053614381
Date Daytime Phone #

CR2E034 (9/99)