Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # G97433 1. Entity Name THE GROVE CORPORATION					Feb 26, 2002 8:00 am Secretary of State 02-26-2002 90036 011 ***150.00				
-	ce of Business DIXIE HIGHWAY 133	Mailing Address 3198 SOUTH DIXIE HIGHWAY MIAMI FL 33133							
·									
2. Principal I	Place of Business	3. Mailing Address					(14 84 1411 0 1 8 17 010		#1011 B10f1 1881
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Sta	te	City & State		4.	FEI Number 59-239308	0	_ 	pplied For ot Applicable	
Zip	Country	Zip	Country		5. (Certificate of Status Desired	\$	8.75 Add	ditional
	6. Name and Address of Current R	egistered Agent			71	Name and Address of New I			+0
BOULOS, JAMES				Name					
3198 SO		İ	Street Address (P.O. Box Number is Not Acceptate			e)		***	
MIAMI FL	. 33133			City				Zip Cod	10
9. The above	e named entity submits this statement for	the course of the course					FL	Zip Cou	
SIGNATURE	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible		: Registered	d Agent signature require		pinstating)	DATE		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Tax filing (See crite	requirement and elects to do so.	After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta				10. Election Campaign Fin Trust Fund Contribution	on.	Added	00 May Be d to Fees
TITLE	OFFICERS AND D	Delete	12.		AD	DITIONS/CHANGES TO OFF		DIRECTOR: Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	BOULOS, JAMES 3198 S. DIXIE HIGHWAY MIAMI FL 33133		NAME STREE				·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO BOULOS, VICTOR JR. 3198 S. DIXIE HIGHWAY MIAMI FL 33133	☐ Delete					(Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOULOS; MARIO 3198 S. DIXIE HIGHWAY MIAMI FL 33133	☐ Delete			** **		[☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOULOS, PIERRE RICHARD 3198 S. DIXIE HIGHWAY MIAMI FL 33133	☐ Delete					[Change	Addition .
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2	☐ Delete						_ Change	☐ Addition
of the cor	sertify that the information supplied with the on this report or supplemental report is triporation or the receiver or postee empower or on an attachment with an address, with the control of the contro	ue and accurate and that my	y signatu is require						