2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

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DOCUMENT # H07666							FIL	ΞĎ		·	
GROVE PLAZA, INC.						00 JAN 20 AM 9:51					
Principal Place of Business Mailing Address					_	SECRETARY OF STATE TABLEMASSEE, FLORIDA					
2900 S.W. 28TH MIAMI FL 33133		2900 S.W. 28TH TERR7TH FL. MIAMI FL 33133-3766			}		IACEMINOU		20(11211		
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2. Principal P	ace of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NOT WRITE I	N THIS S	PACE		
City & State		City & State				1. FEI Number	59-2431470			plied For	
Zip Country		Zip Country				5. Certificate of					
	6. Name and Address of Current	Registered Agent			,		dress of New Reg		ee Require	d 	
	0. Hamo and Masicos 01 Danielle	Taglotolog Agont	جر و.	Name -			• • •	-	<u> </u>		
TUTAN, G. VICTOR 460 ROVINO AVE. CORAL GABLES FL 33156				Street Add	ress (P.C). Box Number is	s Not Acceptable)				
•				City				FL	Zip Code	e	
8. The above	named entity submits this statement fo	or the purpose of changing its	registere	ed office or re	gistered	agent, or both,	in the State of Florid	a.	•		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	1 Agent signature	required wh	en reinstating)		DATE			
Tax filling re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW! After MAY 1, 20 Make Check Payab	00 Fee	will be \$550	0.00		on Campaign Finan Fund Contribution.	cing 🔲		0 May Be I to Fees	
11.	OFFICERS AND	DIRECTORS	12.		·	ADDITIONS/CH	HANGES TO OFFICE	RS AND	DIRECTOR	Š IN 11	
TITLE	PD	☐ Delete	TITLE	\	IPD		TEAN		Change	Addition	
NAME STREET ADDRESS I	VICTOR, TUTAN G.		NAME	ET ADDRESS	20HV	ROBER	184 Court				
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NAME			NAM	:							
STREET ADDRESS				ET ADORESS							
CITY-ST-ZIP			. I.	-ST-ZIP	<u> </u>						
indicated	certify that the information supplied with on this report or supplemental report is	e true and accurate and that n	กห อเกทลเ	ure snau nav	e me sar	ne legal errect a	s it made linder oat	n inaliai	m an onicer	or director	
of the cor	poration or the receiver or trustee empror or on an attachment with an address,	owered to execute this report.	as requir	red by Chapt	er 607, F	lorida Statutes;	and that my name a	ppears in	Block 11 or	Block 12 if	
J. 1011950,											

NOTIFED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

NOTIFIED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #