

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90082 040 ***158.75

DOCUMENT # J58534

1. Entity Name
UPSTAIRS IN THE GROVE, INC.

Principal Place of Business
7001 N.WATERWAY DR.
SUITE 104
MIAMI FL 33155-827
US

Mailing Address
7001 N.WATERWAY DR.
SUITE 104
MIAMI FL 33155-827
US



2. Principal Place of Business
90-EDGEWATER DR

3. Mailing Address
90 EDGEWATER DR

Suite, Apt. #, etc.
208

Suite, Apt. #, etc.
208

City & State
MIAMI

City & State
MIAMI

Zip
33133

Country
USA

Zip
33133

Country
USA

4. FEI Number **59-2802361**

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

RIVERO, ANA M
90 EDGEWATER DR.
SUITE #208
MIAMI FL 33133

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  **JOSE CAMPRUBI** **President** **FEB. 7, 2002**
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ **Delete**
NAME **CAMPRUBI, JOSE**
STREET ADDRESS **90 EDGEWATER DR. #208**
CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ **Delete**
NAME **RIVERO, ANA**
STREET ADDRESS **90 EDGEWATER DR. #208**
CITY-ST-ZIP **MIAMI FL 32133**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ **Delete**
NAME **RIVERO, ANA**
STREET ADDRESS **90 EDGEWATER DR, SUITE #2098**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 07, 2002 **305-867-6648**
Date Daytime Phone #

CP2E034 (9/01)