

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J96561

1. Entity Name

SUN GROVES MIAMI, INC.

Principal Place of Business

Mailing Address

33250 SW 210TH AVENUE
HOMESTEAD FL 33030
US

P. O. BOX 4409
PRINCETON FL 33032
P.O. Box 343234 Ph. (305) 241-1114
Florida City, FL 33034

2. Principal Place of Business

AS IN 11

3. Mailing Address

PO Box 343234

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FLORIDA CITY FLA

Zip

Country

33034

USA

4. FEI Number 65-0010914

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

BERNSTEIN, JEFFREY A
100 N. BISCAYNE BLVD.
SUITE 1707
MIAMI FL 33132

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, 2001 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
NAME CHEN, WILLIAM JR
STREET ADDRESS 8741 SW 193RD TERRACE
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE VS
NAME CHEN, CARMEN
STREET ADDRESS 8741 S.W. 193 TERR.
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2001

Date

305-2477174

Daytime Phone #

CR2E034 (10/00)

0516194

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90070 046 ***158.75

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DO NOT WRITE IN THIS SPACE