

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-16-2002 90074 001 ****55.00

DOCUMENT # L01000001897

1. Entity Name

PINEAPPLE GROVE, LLC

Principal Place of Business

Mailing Address

2325 S. OCEAN BLVD.
DELRAY BEACH FL 334832325 S. OCEAN BLVD.
DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FLORIDA

Zip

Country

Zip

Country

33496

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SATALINO, MARTIN J
2325 S. OCEAN BLVD.
DELRAY BEACH FL 33483

Name

MARTIN SATALINO

Street Address (P.O. Box Number is Not Acceptable)

2573 NW 59TH STREET

City BOCA RATON

FL

Zip Code

33496

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

FILE NOW!!! FEE IS \$50.00**Make Check Payable to Department of State**
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME M.R.
 STREET ADDRESS MARTIN SATALINO
 CITY-ST-ZIP 2573 NW 59TH STREET
 BOCA RATON FLORIDA 33496

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

MARTIN SATALINO

Date

Daytime Phone #

4-5-02 561-542-7755

CP2E083 (9/01)