2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) L58108 **DOCUMENT #**

1. Entity Nam	T GROVE VENTURES, INC.				05-09-2003 90153 017	7 ***150.0	00
Principal Place of Business 3672 GRAND AVE COCONUT GROVE FL 33233 US 2. Principal Place of Business SAME AS ABOVE		Mailing Address P O BOX 330075 COCONUT GROVE FL 33233-075 US 3. Mailing Address SAME AS ABOVE					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State		4,	. FEI Number 65-0240074		plied For at Applicable
Zip	Country	Zip	Country	5.	. Centicale di Status Desiren IIII - 1	\$8.75 Add	litional
5, Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
				Name			
MCDONALD, YVONNE M			Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
3411 OAK AVENUE			5430(7134)	iet Address (F.O. Box Number is Not Acceptable)			
MIAMI FL 33133							-
			City		FL	Zip Code	e.
		the purpose of changing its r	egistered office or re	gistered a	agent, or both, in the State of Florida. I am fa	amiliar with,	and accept
the obligat	ions of registered agent.						-
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature n	required when	reinstating) DATE		
F ÷ After Make Check	State	- -	9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	F	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11
	VP	☐ Delete	TITLE	_		☐ Change	☐ Addition
	JOHNSON, WILL		NAME				İ
	3342 THOMAS AVENUE		STREET ADDRESS				
	MIAMI FL 33133		CITY-ST-ZIP				
TITLE NAME	NODONALD MAONING M	☐ Delete	TITLE NAME			☐ Change	☐ Addition
	MCDONALD, YVONNE M 3411 OAK AVENUE		STREET ADDRESS				
	MIAMI FL 33133		CITY-ST-ZIP				
	D	Delete -	· TITLE			☐ Change	☐ Addition
NAME	COUCH, DANNY		NAME				4
STREET ADDRESS	3180 LAMB COURT		STREET ADDRESS				Í
CITY-ST-ZIP	MIAMI FL 33133	·	CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP	,		STREET ADDRESS CITY-ST-ZIP				
			 				□ Addition
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-7IP			CITY-ST-7IP				}

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

FILED
May 09, 2003 8:00 am
Secretary of State