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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Jan 29, 1999 8:00am **Secretary of State**

	1999	DIVISION OF C	ORPORATIONS		
DOCUMENT # L73589				01-29-1999 90011 020 ***150.00	
1. Corporation	MEIN! #: L/3589				
	U GROVE, INC.				
UNATEA	O GHOVE, INC.	•		1 (40)(413 BE) (4404 1450) BEEN (1450 3BE) ALTO	GETER BERT BERT BERT BERT 1881 1881
Principal Place	e of Rusiness	Mailing Address			
•		5825 SUNSET DR		·	
5825 SUNSET I	UR .	#210			
SOUTH MIAMI	FL 33143	SOUTH MIAMI FL 33143		DO NOT WRITE IN THI	S SPACE
US ·		US		3. Date Incorporated or Qualifed	
		2a. Mailing Address		05/17/1990 4. FEI Number	Applied For
-	lace of Business	— · ·		65-0312078	Not Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	7. O.O.	27		5. Certifcate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	· Country	Zip	Country	8. This corporation owes the current year I	
24	25		30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	a Agent
PRF)	VITI, PETER				
	SUNSET DR #210		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	MI FL 33143		83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose con's board of directors. I hereby accept the appropriate the control of the c	of changing its registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autions of, Section 607,0505, Flori	ithorized by the corporati ida Statutes.	ion's board of directors. I hereby accept the app	ointment as registered
SIGNATURE		₫#1		•	
	Signature, typed or printed name of registered agent			·	
12.	A		Registered Agent signature require		AND DIRECTORS IN 12
TITE C	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSTD		13. 1.1 TITLE		AND DIRECTORS IN 12
NAME	PSTD Previti, Peter	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS A	
NAME STREET ADDRESS	PSTD PREVITI, PETER 5825 SUNSET DR #210	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed; or on an attachment with an address, with all other like empowered.

TO LEW WINGE PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR