

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90076 032 ***150.00

DOCUMENT # L80414

1. Entity Name

FLORIDA STAR GROVES, INC.

Principal Place of Business

26650 SW 172ND AVE
 MIAMI FL 33031

Mailing Address

26650 SW 172ND AVE
 MIAMI FL 33031

2. Principal Place of Business

3. Mailing Address

633 North Krome Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead, Fla.

Zip

Country

Zip

33030

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

26-2044296

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

**PROBINSKY, BRENT
 31 N. KROME AVE
 HOMESTEAD FL 33030**

Name

Probinsky, Brent

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

633 North Krome Ave.

City

Homestead, Fla.

FL

Zip Code

33030

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 **PD** ☐ Delete
 NAME **PROBINSKY, SUSAN BENJAMI**
 STREET ADDRESS **26650 SW 172ND AVE**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **S** ☐ Delete
 NAME **PROBINSKY, BRENT**
 STREET ADDRESS **26650 SW 172ND AVE**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Susan Probinsky **Susan Probinsky** **2/11/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 247-7200

CR2E034 (10/00)