

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90012 008 \*\*\*150.00

DOCUMENT # **M27057**

1. Entity Name  
**GROVE ISLE MARINA, INC.**

Principal Place of Business 2701 S. BAYSHORE DR. PENTHOUSE COCONUT GROVE FL 33133	Mailing Address 2701 S. BAYSHORE DR.. PENTHOUSE COCONUT GROVE FL 33133-5309
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2. Principal Place of Business 1870 SOUTH BAYSHORE DRIVE COCONUT GROVE, FL 33133-5309 Us	3. Mailing Address 1870 SOUTH BAYSHORE DRIVE COCONUT GROVE, FL 33133-5309 Us
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DO NOT WRITE IN THIS SPACE

FEI Number <b>59-2630770</b>	Applied For <input type="checkbox"/> Not Applicable
Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>LAWRENCE ROTHSTEIN 2701 S. BAYSHORE DR. PENTHOUSE SUITE COCONUT GROVE FL 33133</b>	7. Name and Address of New Registered Agent <b>ROTHSTEIN, LAWRENCE I. 1870 SOUTH BAYSHORE DRIVE COCONUT GROVE, FL 33133</b> FL Zip Code
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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 **LAWRENCE ROTHSTEIN** DATE **4/14/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 <b>CD</b>	<input type="checkbox"/> Delete	TITLE <b>CD</b>	<input checked="" type="checkbox"/>
NAME <b>WIENER, MAURICE</b>		NAME <b>WIENER, MAURICE</b>	
STREET ADDRESS <b>2701 S. BAYSHORE DR.</b>		STREET ADDRESS <b>1870 SOUTH BAYSHORE DRIVE</b>	
CITY-ST-ZIP <b>COCONUT GROVE FL</b>		CITY-ST-ZIP <b>COCONUT GROVE, FL 33133</b>	
TITLE <b>DPS</b>	<input type="checkbox"/> Delete	TITLE <b>DPS</b>	<input checked="" type="checkbox"/>
NAME <b>ROTHETIN, LAWRENCE</b>		NAME <b>ROTHSTEIN, LAWRENCE I.</b>	
STREET ADDRESS <b>2701 S BAYSHORE DRIVE</b>		STREET ADDRESS <b>1870 SOUTH BAYSHORE DRIVE</b>	
CITY-ST-ZIP <b>COCONUT BAY FL</b>		CITY-ST-ZIP <b>COCONUT GROVE, FL 33133</b>	
TITLE <b>VAS</b>	<input type="checkbox"/> Delete	TITLE <b>VAS</b>	<input checked="" type="checkbox"/>
NAME <b>CAMAROTTI, CARLOS</b>		NAME <b>CAMAROTTI, CARLOS</b>	
STREET ADDRESS <b>2701 S BAYSHORE DR</b>		STREET ADDRESS <b>1870 SOUTH BAYSHORE DRIVE</b>	
CITY-ST-ZIP <b>COCONUT GROVE FL 33133</b>		CITY-ST-ZIP <b>COCONUT GROVE, FL 33133</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **CARLOS CAMAROTTI** DATE **4/14/00** DAYTIME PHONE # **(305) 884-6823**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)