

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M27325

1. Entity Name

GROVE MARINA MARKET, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90114 036 ***150.00

Principal Place of Business

2601 SOUTH BAYSHORE DR.
PH-1
MIAMI, FL. 33133

Mailing Address

2665 S. BAYSHORE DR.
#200
MIAMI, FL. 33133

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2644394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'NAGHTEN, JUAN T.
2665 S. BAYSHORE DR. #200
MIAMI, FL. 33133

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEES \$150.00
After MAY 11, 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PSD ☐ Delete
O'NAGHTEN, JUAN T.
2665 South Bayshore Dr. #200
Miami, Florida 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

VSD ☐ Delete
O'NAGHTEN, JUAN T.
2665 South Bayshore Dr. #200
Miami, Florida 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

☐ Delete

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☐ Change ☐ Addition

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:

J. T. O'NAGHTEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

(305) 205-0800

Daytime Phone #