

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41242

1. Entity Name

GROVE OUTREACH, INC.

Principal Place of Business

3749 GRAND AVENUE  
COCONUT GROVE FL 33133

Mailing Address

3460 ROYAL ROAD  
MIAMI FL 33133

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0917275

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

J. PATRICK FITZGERALD P.A.  
110 MERRICK WAY  
SUITE 2G 3-B  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW  
FEE IS \$67.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GARCIA, GEORGE FR  
STREET ADDRESS 3460 ROYAL ROAD  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE APD  
NAME CASTILLO, ROLANDO J FR  
STREET ADDRESS 3460 ROYAL ROAD  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE D  
NAME GARCIA, PEDRO  
STREET ADDRESS 4901 S.W. 93 ST.  
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE D  
NAME ALDUNCIN, ANGEL  
STREET ADDRESS 9241 SW 70 ST.  
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

TITLE D  
NAME GALLEGU, MATTHEW  
STREET ADDRESS 2750 SW 22 AVE  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE D  
NAME ESPAILLAT, NITZA M  
STREET ADDRESS 3460 ROYAL ROAD  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90029 012 \*\*\*\*70.00

00022489



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)