

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90324 010 ***150.00

DOCUMENT # P01000058747

1. Entity Name
OXYGEN IN THE GROVE, INC.

Principal Place of Business
 1450 MADRUGA AVE SUITE 203
 CORAL GABLES FL 33146

Mailing Address
 1450 MADRUGA AVE SUITE 203
 CORAL GABLES FL 33146



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 2911 Grand Ave.

3. Mailing Address

Suite, Apt. #, etc.
 Suite 500

Suite, Apt. #, etc.

City & State
 Coconut Grove, Fl.

City & State

4. FEI Number 65-1116072

Applied For
☐ Not Applicable

Zip
 33133

Country
 U.S.A.

Zip

Country

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

GOLDMAN, MATT D ESQ
MATT D GOLDMAN PA
 1450 MADRUGA AVENUE SUITE 203
 CORAL GABLES FL 33146

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** _____

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GOLDMAN, MATT D**
STREET ADDRESS **1450 MADRUGA AVE SUITE 203**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **P/T** ☐ Change ☒ Addition
NAME **Goldman Matt D.**
STREET ADDRESS **1450 Madruga Ave Ste 203**
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE **D** ☐ Delete
NAME **SANCHEZ, ANGEL**
STREET ADDRESS **11724 SW 116 TERRACE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **VP/S** ☐ Change ☒ Addition
NAME **Sanchez, Angel**
STREET ADDRESS **11724 SW 116 Terr**
CITY-ST-ZIP **Miami FL 33186**

TITLE **D** ☐ Delete
NAME **Friedson David**
STREET ADDRESS **300 Central Park West**
CITY-ST-ZIP **Apt 21D NY, NY 10024**

TITLE **D** ☐ Change ☒ Addition
NAME **Friedson David**
STREET ADDRESS **300 Central Park West**
CITY-ST-ZIP **Apt 21D NY, NY 10024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Matt D. Goldman, Pres. Inc. 4/12/02 305 6688875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)