## Apr 24, 2002 8:00 am Secretary of State 04-24-2002 90330 033 \*\*\*150.00

## **2002 UNIFORM BUSINESS REPORT (UBR)**

P01000062851

**DOCUMENT #** 1. Entity Name

GROVE SHOPPING PARTNERS, INC.

Principal Place of Business C/O STILES CORPORATION 300 SE 2ND ST. FT. LAUDERDALE FL 33301			Mailing Address C/O STILES CORPORATION 300 SE 2ND ST. FT. LAUDERDALE FL 33301						
2. Principal Place of Business			3. Mailing Address			I INGINAN IN NANDI TIRIH NGINE BUKIK NANE NA	IN ONITE HEAL ITIDI	T148f 1484 (T84	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City & State			. FEI Number Applied For 65–1119417 Not Applicable			
Zip Country		Zip Country			5. Certificate of Status Desired Search Search Search Status Desired Fee Required				
	6. Name	and Address of Current Re	egistered Agent		1	7. Name and Address of New Register	•		
JONES, PATRICIA					Name				
	S CORPOR	ATION		Street .	Address (P.C	O. Box Number is Not Acceptable)			
300 SE 2ND ST.									
FT. LAUDERDALE FL 33301					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 filling 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 Sta		550.00	10. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
11. OFFICERS AND DIR			RECTORS	12.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	IS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stiles, te 300 se 2n Ft. Laude		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STILE 300 S	S, TERRY W. E 2nd Street auderdale FL 33301	XX change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 S	, DOUGLAS P. E 2 St. auderdale FL 33301	☐ Change	<b>XX</b> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 s	, PATRICIA E 2nd St. auderdale, FL 33301	☐ Change	★★ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 s	, JAMES W. E 2 St. auderdale, FL 33301	☐ Change	<b>XX</b> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 s	RA, ROCCO E 2 St. auderdale, FL 33301	☐ Change	**************************************	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS		A, DENNIS F. E 2 ST	☐ Change	<b>XX</b> Addition	

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.

CITY-ST-ZIP

SIGNATURE:

Ft. Lauderdale, FL 33301

Affachment DOC#PO1000002851

poster

## UNIFORM BUSINESS REPORT

12. CONTINUED

ADDITION

TITLE:

 $\mathbf{V}$ 

NAME:

PALMER, STEPHEN R.

STREET ADDRESS:

300 SE 2<sup>nd</sup> St.

CITY-ST-ZIP:

Ft. Lauderdale, FL 33301